



Rivaroxaban to prevent blood clots for patients with a lower limb injury

Your clinician has prescribed a medication called rivaroxaban. This leaflet tells you about rivaroxaban, what it is for and how to use it.

We must get your consent for any procedure or treatment beforehand. Staff will explain the risks, benefits and alternative treatments where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed, please ask for more information.

What is rivaroxaban and what does it do?

Rivaroxaban is used to prevent blood clots such as deep vein thrombosis or pulmonary embolism. It is an anticoagulant; this means that it thins the blood.

Why does blood clot?

When we cut ourselves, we bleed. To stop us from bleeding too much, chemicals in our bloodstream help to form a clot. Sometimes a clot can form in the wrong place.

People who are ill, have had surgery, or cannot move around as much as normal, are at increased risk of blood clots forming in the wrong place.

What happens if a blood clot forms in the wrong place?

A deep vein thrombosis (DVT) is a blood clot in the veins, usually in the leg. This blocks the flow of blood around the body. The symptoms usually only affect one leg and include pain, redness and swelling. The problems that can last a long time after someone has a DVT include having a painful swollen leg, leg ulcers and blotches on the skin.

A pulmonary embolism (PE) is a piece of blood clot that has broken off and travelled to the lungs. It causes chest pain and serious breathing problems. Pulmonary embolism can cause lasting lung damage and death in a small number of people.

Who gets blood clots?

Anyone can get a DVT or PE but some people are at a higher risk. You are at increased risk of blood clots if:

- you or a close relative has had one before
- you are very overweight
- you are over 60 years old

- you take certain medications, including the combined oral contraceptive pill ("the pill") or use a contraceptive patch, or hormone replacement therapy (HRT)
- you are dehydrated (not drinking enough non-alcoholic fluids)
- you have recently been on a long journey (more than 4 hours long)
- you have cancer, heart disease or lung disease
- you have thrombophilia (a blood disorder)
- you have a severe infection
- you have varicose veins
- you are pregnant or have had a baby in the last 6 weeks
- you cannot move around as much as normal, e.g. because your leg is in a plaster cast or boot

Why has rivaroxaban been prescribed for me?

You have been prescribed rivaroxaban because your risk of having a blood clot is higher than usual. This is because you have your leg in plaster and you have at least one of the risks listed. Taking rivaroxaban will reduce the chances of you getting a blood clot.

Are there any side effects?

Because rivaroxaban thins your blood, it can make you bleed more easily. If you are at risk of bleeding problems your clinician may decide not to prescribe this medication.

You should also read the information leaflet in the packet as it will tell you more about the side effects of rivaroxaban.

Is there anything I should look out for when I'm taking rivaroxaban?

While you are taking rivaroxaban tablets, you must go to hospital straight away if you notice:

- you are bleeding a lot from a wound
- you have swelling around your wound or anywhere else
- you have a sudden very bad headache
- you have tenderness or swelling in your stomach

You should tell a clinician as soon as possible if you notice:

- you are bruising more easily than you normally do
- you feel more weak, tired or short of breath than normal

What else should I know about rivaroxaban?

Rivaroxaban has not been approved to prevent blood clots in people with plaster casts but it has been approved to prevent blood clots in other patients, for example after hip or knee replacement surgery and those who have an irregular heartbeat.

You may hear this called "off label" use of rivaroxaban. At this hospital, senior doctors and pharmacists have decided that it is safe to use rivaroxaban in this way. If you are unhappy with taking rivaroxaban, talk to your clinician or pharmacist.

You must not take rivaroxaban if you are pregnant or breastfeeding or if you have severe problems with your kidneys. There are alternative medications that can be prescribed.

Do I need to tell the clinician about other medication I am taking?

Please tell the health professional you see in ED if you are taking any other medicines, including any medicines that you have bought 'over the counter'.

What will happen if I don't take rivaroxaban?

If you do not take rivaroxaban, then there will be more chance that you get a blood clot while your leg is in a plaster cast. However, taking rivaroxaban does not mean that you will definitely not still develop a blood clot.

How much rivaroxaban should I take?

Rivaroxaban comes as 10mg tablets. You should take one tablet each day, usually in the evening with or after food.

You should carry on taking the tablets until your plaster cast has been removed, unless a clinician tells you to stop. The hospital clinician will prescribe enough tablets to complete your course of treatment.

What should I do if I take more rivaroxaban than I should?

If you have more than one tablet in a day, then you should ask your GP for advice.

What should I do if I forget to take my medication?

If you remember the same day, then take the tablet. If you remember the next day, then take your tablet when it is next due. **Do not take more than one tablet a day.**

How should I store this medicine?

Store the tablets in a cool dry place (not in the fridge). Keep them away from children and animals.

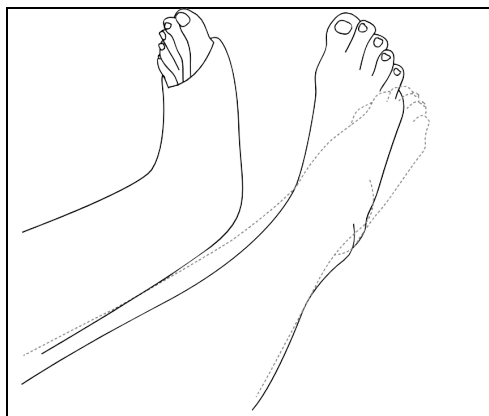
Where can I find out more information?

You will find more information in the package leaflet in the box of rivaroxaban tablets.

Can I do anything else to reduce my risk of blood clots?

You can help reduce your risk of getting a clot by:

- stopping smoking
- drinking plenty of water or other non-alcoholic drinks to keep hydrated
- moving around as much as you can (if you are not sure how much you can do, then talk to your clinician or physiotherapist)
- carrying out the following leg exercises with your good leg (even if you are in bed):



Lying on your back or sitting.

- Bend and straighten your ankle quickly 10 times.
- Keep your knee straight during the exercise to stretch your calf muscles.
- Try to do this exercise two or three times an hour.

Who can I contact if I have any questions?

Please ask at your virtual (telephone) fracture clinical appointment if you have any questions. The Pharmacy Medicines Helpline can answer questions about the medicines you have been given from the hospital. Their number is: 0118 322 7642 or email medicines.information@royalberkshire.nhs.uk. This helpline is available Monday to Friday between 1pm and 3pm.

If you have any pain or swelling in one or both legs, you should go to the Emergency Department (ED), also known as A&E.

If you suffer any shortness of breath, chest pain or coughing up blood, you must go to ED straight away, or call 999 immediately.

This leaflet has been adapted following kind permission from Sheffield Teaching Hospitals NHS Foundation Trust.

Friends and Family Test

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Emergency Department, August 2025.

Next review due: August 2027.