Guide to living with DVT/PE
DEEP VEIN THROMBOSIS/PULMONARY EMBOLISM

TAKE CHARGE!
• Know the signs of a clot
• Explore your treatment options
• Work with your care team
• Tame fear and anxiety

”Blood clots didn’t hold me back!”

Thanks to cutting-edge treatment for DVT, Elaine Olund can face the future with confidence.

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER
Guide to living with DVT/PE

DEEP VEIN THROMBOSIS/ PULMONARY EMBOLISM

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“We made it!”

These celebs conquered deep vein thrombosis (DVT) and pulmonary embolism (PE). Here’s what they learned.

“I’m grateful for every day!”

“They told me I had several blood clots in both lungs. A lot of people die from that…This has given me a whole new perspective on life and my career—and not taking anything for granted. I’m just taking one day at a time. I’m not preparing for today or for Wimbledon. I’m preparing for the rest of my career.”

—Tennis star Serena Williams, winner of a record 23 Grand Slams (singles), on conquering pulmonary embolism

“If it hurts to walk, find out why!”

“If I walk more than three blocks, all of a sudden I feel that pain.”

—TV host Regis Philbin on the symptom that helped him discover DVT in a calf; the DVT was surgically removed
Live the life you love!

Today’s treatments mean you can make the most of every day!

Jack W. figured he couldn’t be healthier. A few months ago, the 55-year-old teacher from Phoenix was fresh off his third half-marathon. And when his left thigh became warm and tender to the touch soon afterward, he chalked it up to a running injury. “I thought I’d pulled a muscle,” he says. Two days later, he was lightheaded and struggling to breathe. “I went to the hospital, where they diagnosed me with a deep vein thrombosis (DVT, when a blood clot develops in the deep veins) and a pulmonary embolism (PE, when a blood clot lodges in the lungs). All I can say is, thank goodness for modern medicine! I still take a blood thinner, and it gives me peace of mind, knowing I’m doing all I can to avoid that happening again.”

Libby K. was still smiling after a dream trip to Hawaii, but when her right calf suddenly cramped and became swollen after the 10-hour flight home, the 62-year-old from Bradenton, FL, saw her doctor. An ultrasound test showed she had a DVT. “I was worried, sure! I know these kinds of clots can travel to your lungs. But my doctor prescribed a blood thinner, and I never had a problem. In fact, now I’m back to my regular power walks!”

Each year, as many as 900,000 Americans—men and women of all ages—are diagnosed with a deep vein thrombosis (DVT) or pulmonary embolism (PE). The good news: Early detection and prompt treatment are key to enjoying the healthiest, most active life possible. That’s why it’s important for you to become knowledgeable about DVT and PE and take action, if needed.

For starters, spend some time with this guide. You’ll get a closer look at DVT and PE and their symptoms (see the box, page 8). You’ll understand your risk, find out more about how DVT and PE are diagnosed, and get some insight into treatment options. You’ll even meet a few people who’ve developed these conditions and learn how they thrive with them. And take heart: If you join their ranks, you’ll be armed with all the info you need to beat DVT or PE and plan your future with confidence.
Live the life you love!

DID YOU KNOW?
900,000 Americans a year are diagnosed with DVT or PE! Get the info you need to stay ahead of these serious conditions right in this guide.
Deep vein thrombosis (DVT) and pulmonary embolism (PE) often go hand in hand—and they can be deadly serious. Luckily, there’s much you can do to protect yourself.

About 30% of people who have had a DVT or PE are at risk for another episode. Centers for Disease Control and Prevention
Odds are, you know a little something about DVT. For example, you’ve probably heard it’s not a good idea to sit still for hours—on an airplane or in a car, say. The reason? All that immobility can encourage a blood clot to form in a deep vein, usually in the legs or pelvis. And the real danger of DVT? That clot may break away and travel to the lungs, where it can lodge in an artery and block blood flow. That’s called a pulmonary embolism (PE), and if left untreated, it can damage your lungs and other organs—it may even threaten your life. Fortunately, assessing your risk, being alert to the signs and knowing when to seek emergency care can help ensure you get the treatment you need, when you need it.

Who gets DVT?
Although DVT can affect just about anyone, you are at greater risk if your blood is more prone to clotting for any reason—say, you have an inherited clotting disorder, you smoke, you use birth control that contains estrogen or you are on hormone replacement therapy. Undergoing surgery or having a vein injury can also raise your risk, as can certain conditions, such as heart disease, some cancers and inflammatory bowel disease. Being pregnant or having given birth within 6 weeks, when estrogen levels are higher than usual, also raises your risk, as does being older than 60, carrying extra pounds and having a family history of DVT/PE.

And it’s not just sitting still for hours in an airplane or car that can promote DVT—any prolonged bed rest can raise your risk. That’s because when the legs are still, blood can pool and clot.

Know the signs
DVT doesn’t always produce symptoms, but you should see your doctor right away if you notice swelling in an arm or leg, and the area is red, tender and warm to the touch. To check for clots, your healthcare provider may order an ultrasound and a D-dimer test, a blood test that checks for a substance that’s released as blood clots dissolve. High levels of the substance may indicate a DVT. In rare instances, if those tests aren’t conclusive, your doctor may order a venogram, a test in which dye is injected into a vein in the affected limb, allowing him or her to see blood flow on an X-ray image.

Take a closer look at DVT
In deep vein thrombosis (DVT), a blood clot develops in a vein, usually in a leg, which can cause cramping, soreness and swelling below the knee.
When a DVT travels to the lungs and causes a PE, symptoms include breathlessness (it may be hard to get a full breath or even to speak), chest discomfort (it may be too painful to lie on your back), lightheadedness or coughing up blood. PE is a medical emergency, so it’s important to call 911 if you or a loved one experiences the signs. To diagnose PE, doctors often use a CT scan to check for clots in the lung. They may also order an ultrasound or MRI, a pulmonary angiogram (in which dye is injected into arteries, allowing doctors to view blood flow in the lungs), or a ventilation-perfusion (V/Q) scan to show parts of the lungs that are getting oxygen (ventilation) and blood flow (perfusion).

Tune into the signs of DVT and PE

**DVT signs:**
**Call your doctor ASAP!**
- New swelling in the arm or leg
- Unusual pain or tenderness in the area
- Redness or discoloration in the area
- Warm skin in the area

**PE signs:** **Call 911!**
- Unusual shortness of breath
- Chest pain, especially when you breathe deeply or cough
- Coughing up blood
- Lightheadedness or dizziness
- Rapid or irregular heartbeat
- Sweating

The good news
Today’s medical advances mean both DVT and PE can be effectively treated. Keep reading this guide to learn about the treatment options and lifestyle steps that are helping people with DVT and PE prevent recurrences, fend off complications and lead a full, active life.

**Take a closer look at PE**
In some cases, a clot that develops in the legs travels to the lungs, where it may block blood flow. This is a medical emergency called a pulmonary embolism (PE).

Prone to clots? If you have a history of clots or a condition that predisposes you to clots, wearing a medical alert bracelet with this information helps EMS workers know how to treat you in case of a DVT/PE emergency.
Primary care physician (PCP). Your PCP may be the doctor who diagnoses your DVT. Your PCP can refer you to specialists and coordinate your overall care.

Pulmonologist. This physician specializes in diseases and disorders of the lung. This doctor can assess your lung damage and address any breathing problems.

Cardiologist. This physician specializes in the heart. If you experience a PE, which can cause heart damage, a cardiologist will order an echocardiogram to check for an enlarged heart and other damage, and monitor your cardiovascular health.

Hematologist. This physician specializes in disorders of the blood and can test for clotting conditions and assist you with anticoagulation therapy.

Radiologist. This physician will assess and interpret imaging tests that are ordered to evaluate your condition.

Respiratory therapist (RT). This healthcare professional is specially trained to care for people with heart and lung problems, including breathing difficulties. An RT can perform tests and provide counseling and rehabilitation.

Nurse practitioner (NP)/Physician assistant (PA). These healthcare professionals can monitor your heart and lung health and provide ongoing care.

Registered nurse. This licensed healthcare professional provides and coordinates patient care.

Vascular medicine specialist. This physician specializes in the noninvasive diagnosis and treatment of blood vessel problems.

Emergency room doctor. If you go to the ER, this physician will stabilize you and order tests to evaluate you. The ER physician may be the person who diagnoses you with a DVT or PE.
“Yes, I had blood clots—now I’m thriving!”

Years after her hospitalization with deep vein thrombosis and multiple pulmonary embolisms, Elaine Olund reports: “I’m in the best shape of my life!” — BY KATHLEEN ENGEL

“I walked about two to three miles most days. I practice Ashtanga yoga (an athletic style) at least five times a week. And last year, I bought a bike.”

Truth be told, Elaine was pretty fit at the time blood clots in her calf and lungs took her by surprise. Luckily, prompt treatment with blood-thinning medications got her back on her feet. “I realized how close I’d come to dying,” the 55-year-old Cincinnati writer and mom recalls. “I was just so full of gratitude. I knew I’d been lucky!”

“I had symptoms—but wrote them off”

Elaine remembers the first signs of a problem. “I was sitting on the couch watching TV with my daughter, when I got an intense cramp in my calf. I’d given blood that day, so I wrote it off to dehydration.” In the days that followed, Elaine noted “it felt like a balloon inside my leg,” but she put the incident behind her. “Around the same time, I noticed my breathing was becoming more difficult, but I chalked it up to allergies.”

She felt fatigued, too. “I had been walking five miles a day back then, but I suddenly couldn’t walk as fast as usual. I thought, What’s up with me? I’m 50 and falling apart!” In fact, just climbing the stairs to her third-floor home office became a challenge. “Normally, I’d bolt up the stairs, no problem. But now I’d get up there and go, Whoa!”

“My life turned around”

Then, after a cramp that woke her out of a deep sleep, Elaine ended up in the ER, where a CT scan of her lungs revealed the cause of her cramps, shortness of breath and fatigue. “An ER doctor told me, ‘You have multiple blood clots in your lung that most likely originated in your leg.’” She immediately started on intravenous heparin (a blood thinner), and was later switched to an oral blood thinner.

The first night, she could barely sleep, but when she woke up the following morning, she had a different take on things: “I decided that being afraid would not serve me. I needed to do what was in my power to do.” So she was grateful when the hospital cardiologist instructed her to “get up and walk around.” “Every hour, I got up for a walk,” she says. “I was powering up the halls, still attached to a monitor. And I shifted my attitude—from ‘falling apart’ to ‘I’ve got another chance!’”

“Today, I feel great!”

Once home from the hospital, “I was easily worn out, but I was determined to get back to my walking routine. One thing that helped me was knowing that moving around was key to preventing complications. So every day, whether I felt like it or not, I went a little farther on my walks. And whenever I was tempted to lie around, I’d take a short walk first.” When her doctor told her she could take off her compression stockings to swim, she added pool sessions to her workouts. “Three months after my blood clots, I was back to walking three to five miles a day, and back to my usual swims and

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Yes, I had blood clots—now I’m thriving!”

yoga sessions. My doctors were pleased with my recovery—they knew I wanted to thrive!”

In a way, Elaine’s health scare was a blessing, she says. “It was a huge catalyst for me to attend to stress, enjoy every day, eat healthy foods and move my body. Doing all I can to support my health—which includes seeing my doctors regularly—makes me feel empowered. I know now that I need to speak up and show up for my own health!”

45 MINUTES
Since her DVT/PE, that’s the longest Elaine sits without getting up to stretch her legs—or do yoga!
WHAT IS XARELTO®?

XARELTO® is a prescription medicine used to reduce the risk of stroke and blood clots in people with atrial fibrillation, not caused by a heart valve problem. For patients currently well managed on warfarin, there is limited information on how XARELTO® and warfarin compare in reducing the risk of stroke.

XARELTO® is also a prescription medicine used to treat deep vein thrombosis and pulmonary embolism, and to help reduce the risk of these conditions occurring again.

XARELTO® is also a prescription medicine used to reduce the risk of forming a blood clot in the legs and lungs of people who have just had knee or hip replacement surgery.

IMPORTANT SAFETY INFORMATION

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT XARELTO®?

- For people taking XARELTO® for atrial fibrillation: People with atrial fibrillation (an irregular heart beat) are at an increased risk of forming a blood clot in the heart, which can travel to the brain, causing a stroke, or to other parts of the body. XARELTO® lowers your chance of having a stroke by helping to prevent clots from forming. If you stop taking XARELTO®, you may have increased risk of forming a clot in your blood.

Do not stop taking XARELTO® without talking to the doctor who prescribes it for you. Stopping XARELTO® increases your risk of having a stroke.

If you have to stop taking XARELTO®, your doctor may prescribe another blood thinner medicine to prevent a blood clot from forming.

- XARELTO® can cause bleeding, which can be serious, and rarely may lead to death. This is because XARELTO® is a blood thinner medicine that reduces blood clotting. While you take XARELTO®, you are likely to bruise more easily and it may take longer for bleeding to stop.

You may have a higher risk of bleeding if you take XARELTO® and take other medicines that increase your risk of bleeding, including:

- Aspirin or aspirin-containing products
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Warfarin sodium (Coumadin®, Jantoven®)
- Any medicine that contains heparin
- Clopidogrel (Plavix®)
- Selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs)
- Other medicines to prevent or treat blood clots

Tell your doctor if you take any of these medicines. Ask your doctor or pharmacist if you are not sure if your medicine is one listed above.

Call your doctor or get medical help right away if you develop any of these signs or symptoms of bleeding:

- Unexpected bleeding or bleeding that lasts a long time, such as:
  - Nosebleeds that happen often
  - Unusual bleeding from gums
  - Menstrual bleeding that is heavier than normal, or vaginal bleeding
  - Bleeding that is severe or that you cannot control
  - Red, pink, or brown urine
  - Bright red or black stools (looks like tar)
  - Cough up blood or blood clots
  - Vomit blood or your vomit looks like “coffee grounds”
  - Headaches, feeling dizzy or weak
  - Pain, swelling, or new drainage at wound sites

Spinal or epidural blood clots (hematoma): People who take a blood thinner medicine (anticoagulant) like XARELTO®, and have medicine injected into their spinal and epidural area, or have a spinal puncture, have a risk of forming a blood clot that can cause long-term or permanent loss of the ability to move (paralysis). Your risk of developing a spinal or epidural blood clot is higher if:

- A thin tube called an epidural catheter is placed in your back to give you certain medicine
- You take NSAIDs or a medicine to prevent blood from clotting
“Being an athlete, you think you’re invincible. Having a DVT taught me I’m not. Once I got the facts, my doctor and I chose XARELTO®.”

– Brian Vickers, NASCAR® driver

To hear more about Brian’s story, go to xarelto.com/Brian

XARELTO® is a latest-generation blood thinner proven to reduce the risk of DVT and PE blood clots.

Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Some of your other medicines may affect the way XARELTO® works. Certain medicines may increase your risk of bleeding. See “What is the most important information I should know about XARELTO®?”

Especially tell your doctor if you take:
- Ketoconazole (Nizoral®)
- Itraconazole (Onmel™, Sporanox®)
- Ritonavir (Norvir®)
- Lopinavir/ritonavir (Kaletra®)
- Indinavir (Crixivan®)
- Carbamazepine (Carbatrol®, Equetro®, Tegretol®, Tegretol®-XR, Teril™, Epitol®)
- Phenytoin (Dilantin-125®, Dilantin®)
- Phenobarbital (Solfoton™)
- Rifampin (Rifater®, Rifamate®, Rimactane®, Rifadin®)
- St. John’s wort (Hypericum perforatum)

Ask your doctor if you are not sure if your medicine is one listed above. Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

HOW SHOULD I TAKE XARELTO®?

Take XARELTO® exactly as prescribed by your doctor.

Do not change your dose or stop taking XARELTO® unless your doctor tells you to.
- Your doctor will tell you how much XARELTO® to take and when to take it.
- Your doctor may change your dose if needed.

If you take XARELTO® for:
- Atrial Fibrillation: Take XARELTO® 1 time a day with your evening meal. If you miss a dose of XARELTO®, take it as soon as you remember on the same day. Take your next dose at your regularly scheduled time.

Please see important facts for XARELTO® on the following page.
Get to know more about XARELTO®, a latest-generation blood thinner.

Select the questions that are right for you, and ask your doctor today.

- How does XARELTO® lower my risk of having another DVT or PE blood clot?
- What are the benefits and side effects of XARELTO® compared to warfarin?
- If there are no regular blood tests or known dietary restrictions, how do I know XARELTO® is working?
- Am I eligible for the $0 co-pay, or the Medicare lowest branded co-pay offered with XARELTO®?

XARELTO® is proven to treat and help reduce the risk of DVT and PE blood clots from happening again.

SEE HOW: xarelto.com

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Janssen Pharmaceuticals, Inc.
What is XARELTO® used for?

XARELTO® is a prescription medicine used to:

- Reduce the risk of stroke and blood clots in people with atrial fibrillation
- Reduce the risk of forming a blood clot in the legs and lungs of people who have just had hip or knee replacement surgery
- Treat blood clots in the veins of your legs or lungs and reduce the risk of them occurring again

It is not known if XARELTO® is safe and effective in children.

Take XARELTO® exactly as prescribed by your doctor. Do not change your dose or stop taking XARELTO® unless your doctor tells you. Your doctor may stop XARELTO® for a short time before any surgery, medical or dental procedure. Your doctor will tell you when to start taking again after your surgery or procedure. Do not run out of XARELTO®. Refill your prescription before you run out. When leaving the hospital following a hip or knee replacement, be sure you have XARELTO® to avoid missing doses. If you take too much XARELTO®, go to your hospital emergency room or call your doctor right away.

What are the most serious risks with XARELTO®?

- For people taking XARELTO® for atrial fibrillation: Do not stop taking XARELTO® without talking to the doctor who prescribes it for you. Stopping XARELTO® increases your risk of having a stroke. If you have to stop taking XARELTO®, your doctor may prescribe another blood thinner medicine to prevent a blood clot from forming.
- Spinal or epidural blood clots (hematoma): People who take a blood thinner medicine (anticoagulant) like XARELTO®, and have medicine injected into their spinal and epidural area, or have a spinal puncture have a risk of forming a blood clot that can cause long-term or permanent loss of the ability to move (paralysis). Your risk of developing a spinal or epidural blood clot is higher if: a thin tube called an epidural catheter is placed in your back to give you certain medicine; you take NSAIDs or a medicine to prevent blood from clotting; you have a history of difficult or repeated epidural or spinal punctures; you have a history of problems with your spine or have had surgery on your spine. If you take XARELTO® and receive spinal anesthesia or have a spinal puncture, your doctor should watch you closely for symptoms of spinal or epidural blood clots. Tell your doctor right away if you have back pain, tingling, numbness, muscle weakness (especially in your legs and feet), loss of control of the bowels or bladder (incontinence).
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What are the important warnings?

- XARELTO® can cause bleeding which can be serious, and rarely may lead to death. This is because XARELTO® is a blood thinner medicine that reduces blood clotting. While taking XARELTO®, you are likely to bruise more easily and it may take longer for bleeding to stop. You may have a higher risk of bleeding if you take XARELTO® and take other medicines that increase your risk of bleeding, including: aspirin or aspirin containing products; non-steroidal anti-inflammatory drugs (NSAIDs); warfarin sodium (Coumadin®; Jantoven®); any medicine that contains heparin; clopidogrel (Plavix®); selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs); other medicines to prevent or treat blood clots. The risk of bleeding can be higher if taking SSRIs or SNRIs. Tell your doctor if you take any of these medicines. Ask your doctor or pharmacist if you are not sure if your medicine is one listed above.
- Call your doctor or get medical help right away if you develop any of these signs or symptoms: unexpected bleeding or bleeding that lasts a long time, such as: nose bleeds that happen often; unusual bleeding from the gums; menstrual bleeding that is heavier than normal or vaginal bleeding; bleeding that is severe or you cannot control; red, pink or brown urine; bright red or black stools (looks like tar); coughing up blood or blood clots; vomiting blood or your vomit looks like “coffee grounds”; headaches, feeling dizzy or weak; pain, swelling, or new drainage at wound sites.

What should I tell my doctor?

Before you take XARELTO®, tell your doctor if you:

- Have ever had bleeding problems, liver or kidney problems or other medical condition
- Are pregnant or plan to become pregnant. If you take XARELTO® during pregnancy tell your doctor right away if you have bleeding or symptoms of blood loss, or are breastfeeding or plan to breastfeed. Monitor for any symptoms of blood loss.
- Tell all your doctors and dentists that you are taking XARELTO®. They should talk to the doctor who prescribed XARELTO® before you have any surgery, medical or dental procedure. Tell your doctor about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Who should not take XARELTO®?

Do not take XARELTO® if you:

- Have had bleeding problems, liver or kidney problems or other medical condition
- Are pregnant or plan to become pregnant.
- Are breastfeeding or plan to breastfeed.
- Have or had problems with your spine.
- Have had surgery on your spine.
- Have history of problems with your spine.
- Have had surgery on your spine.

What are the side effects of XARELTO®?

- The most common adverse reaction (>5%) was bleeding.

Tell your doctor if you have any side effect that bothers you or that does not go away. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What important facts should I know?

- This information is not complete. How to get more information:
  - Talk to your healthcare provider or pharmacist
  - Visit www.Xarelto.com to obtain the FDA-approved product labeling
  - Call to report side effects to FDA at 1-800-FDA-1088

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“ONCE I GOT THE FACTS, MY DOCTOR AND I CHOSE XARELTO®™”
Is your treatment all it could be?

Keep an open mind and work closely with your healthcare team to find the treatment that’s right for you.

Having a blood clot, whether in a deep vein in your leg (deep vein thrombosis, or DVT) or in your lungs (pulmonary embolism, or PE), can be frightening. Fortunately, your doctor has a number of treatment options that can keep the clot from getting bigger and prevent new clots from forming. What’s critical? Seeking treatment promptly so that these remedies have the greatest chance of safeguarding your health! Here are the therapies that may be used in your care:

Anticoagulants, or blood thinners. The mainstay of treatment for DVT/PE, these medications decrease your body’s ability to clot. An injectable or intravenous blood thinner may be started in the hospital, which is followed by an oral blood thinner. Important to know: Some blood thinners require frequent blood monitoring and dosage adjustments, along with dietary restrictions. Be sure to find out what you need to do while taking a blood thinner. And if frequent monitoring and dietary restrictions are a problem for you, ask about an alternative.

Thrombolytics, or clot busters. In some cases, these medications are used to quickly break up large blood clots capable of causing severe complications. Thrombolytics are administered intravenously or directly into the clot through a catheter.

Inferior vena cava (IVC) filter. This filter, used in special circumstances, such as when a patient cannot take blood thinners, is placed into the large vein (inferior vena cava) in the abdomen. The IVC filter traps clots that break loose, preventing them from traveling to the lungs.

Compression stockings. These special stockings squeeze your legs, promoting blood flow and preventing blood from stagnating and forming clots.

Surgery. In rare instances, surgery to remove the clot may be necessary.

After you’ve received emergency treatment for blood clots, be sure to follow up with your doctor regularly. He or she will continue to monitor your health; assess you for new clots; advise you about taking other medications while taking a blood thinner; and help you manage complications such as leg swelling and pain, skin sores or discoloration that can occur after a blood clot (post-thrombotic syndrome). Refer to the tool on the back cover for questions to ask your care team and additional symptoms to report.

But don’t stop there! See the box at right for what you can do to prevent complications and future clots.

Did you know?

Blood thinners do not dissolve the clot. They keep the clot from getting larger and help prevent new clots.
### Help fend off clots with these steps

<table>
<thead>
<tr>
<th><strong>Eat right</strong></th>
<th>A nutritious diet gives you the energy to exercise, helps you maintain your weight and may help to prevent health conditions (such as heart failure and certain cancers) known to increase the risk of clotting.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase your physical activity</strong></td>
<td>Exercise involving the calf muscles (such as walking, biking, swimming or the elliptical) prevents blood from pooling in the lower legs, protecting against clot formation. Start moving as soon as your doctor gives you the OK. Aim for a total of at least 30 minutes a day of exercise on most days of the week.</td>
</tr>
<tr>
<td><strong>Maintain a healthy weight</strong></td>
<td>Carrying extra pounds is linked to blood clots—especially in women who also smoke or who have high blood pressure.</td>
</tr>
<tr>
<td><strong>Stay hydrated</strong></td>
<td>Drinking plenty of water helps prevent dehydration, which can cause your blood to clot.</td>
</tr>
<tr>
<td><strong>Avoid or limit alcohol and caffeine</strong></td>
<td>Both beverages can draw water from the body and cause you to become dehydrated, increasing your clot risk.</td>
</tr>
<tr>
<td><strong>Stop smoking</strong></td>
<td>Smoking damages the heart and blood vessels and predisposes people to blood clots, especially when combined with other risk factors.</td>
</tr>
</tbody>
</table>

### Blood-thinner breakthrough!

Latest-generation oral anticoagulants are treating deep vein thrombosis (DVT) and pulmonary embolism (PE) with greater ease for patients than ever before.

Until recent years, therapy for DVT and PE required patients to undergo regular blood monitoring, have their blood thinner dosage adjusted frequently and watch their intake of foods that can affect the way the medication works. But now people fighting blood clots in the leg or lungs have a choice: The newer oral blood thinners are more predictable in the way they work, so they don't require frequent blood monitoring and dosage adjustments. And because their mechanism of action is different from first-generation blood thinners, no dietary restrictions are needed!

### Alert!
Be sure to take your blood thinner exactly as prescribed. In order to stay protected against clots, these need to be taken every day!
Why you must take your blood thinners

Not taking your blood thinner exactly as prescribed can put your life at risk.

Are you lackadaisical about taking your medication? Think it’s okay to skip a day or take a vacation from your pills? Well, think again. The fact is, if your doctor has prescribed blood thinners, taking them exactly as prescribed could well save your life! That’s because blood thinners can prevent blood clots deep in the veins from getting bigger and from breaking off and traveling to your lungs (pulmonary embolism), blocking the flow of blood and oxygen that you need to survive!

Blood thinners, also known as anticoagulants, treat and help prevent clots from forming in your blood. It’s important to know your personal clot risk, which increases if you are overweight, smoke, are pregnant, take medication containing estrogen, have an inherited clotting disorder or a family history of clots, or have certain health conditions, such as cancer, inflammatory bowel disease or heart failure. (Talk about your individual case with your healthcare team.)

Luckily, the latest-generation anticoagulants can be easier for patients to stay on because there’s no need for regular blood monitoring or dietary restrictions—a complaint heard with some older types of blood thinners. No matter what medication you’re on, though, the key is to take it consistently. You’ll get the maximum protection only by taking your blood thinner exactly as instructed.
blood thinners

Are you staying the course?

If forgetfulness, side effects or other concerns are keeping you from taking your blood thinner as prescribed, use the following tool and review it with your healthcare provider.

1. Do you miss one or more doses of your medication in an average week?
   Yes ☐ No ☐

2. If so, please explain: I sometimes miss ___ doses a week because:
   ☐ I forget to take it.
   ☐ I can't afford it.
   ☐ It makes me feel funny.
   ☐ I can't always get to the pharmacy.
   ☐ I'm concerned about side effects.
   ☐ Other: ____________________________

3. Would you like your healthcare provider to explain how blood thinners are working in your body?
   Yes ☐ No ☐

4. Do you understand the consequences of not taking your blood thinner as prescribed?
   Yes ☐ No ☐

5. If no, would you like your healthcare provider to explain them?
   Yes ☐ No ☐

Use this space to jot down any notes, questions or concerns: ____________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Blood thinner myths—debunked

There are many misconceptions about blood thinners. Here, we set the record straight on what to expect when taking these lifesaving medications.

“I’m afraid of shaving because I heard it’ll take forever to stop bleeding.”

The risk of bleeding while shaving is greater with aspirin than with a prescription blood thinner. If bleeding while shaving is a problem, one option is to use an electric shaver. And remember: Even if you seem to bleed more easily now, suffering another DVT or PE could cost you your life.

“Blood thinners will make me feel tired.”

There’s no evidence that blood thinners cause or worsen fatigue. In fact, fatigue has not been identified as a problem in numerous studies done in tens of thousands of patients. Of course, several things can affect your energy levels, including other medications you’re taking and lack of sleep. If you’re feeling more exhausted than usual, bring it up with your doctor.

“It seems I bruise much more easily now—and that can’t be good.”

It’s true that bruising may be somewhat increased while you’re on a blood thinner. Although this can be a nuisance, it is important to remember that you are taking this medication to lower the risk of DVT/PE. So the trade-off—accepting a slight increase in bruising—is worth the protection from dangerous clots.
“We’re clot-busting pros!”

Thriving despite DVT and keeping PE at bay? These folks have it nailed! Here, Sam, Sara, Amy and Amaris share their strategies, as well as the surprising discoveries they made along the way. —BY JOANA MANGUNE

“Look for options—and silver linings!”

SAM DEBRULE
San Francisco

Shift your focus. Sam’s football dreams ended when he developed a DVT in high school. “When I was younger, I was very upset that I had to quit my football career,” Sam says. “But it allowed me to refocus and devote my time to academics, which led me to an Ivy League university.”

Do the right moves for you. After his DVT, Sam was eager to stay active with exercise. “Find something that makes you feel good after you finish and at the same time doesn’t put your body at risk,” he urges. “For me, that’s swimming. It’s low impact and gets my blood pumping. My legs always end up feeling better after.”

Break up sitting sessions. For Sam, sitting at work for a long period of time can get uncomfortable, so he finds different ways to stand up and shake his legs. “Throughout the course of my work day, I’ll get restless so I’ll ask someone if they’d like me to get them a cup of coffee,” says Sam. “Or I might do jumping jacks if the pain is particularly bad.”
“Monitor your stress levels!”

AMY FORDHAM-DUFF
Williamstown, VT

Calm anxiety with “ocean breathing.” “My therapist has shown me various breathing techniques for when I feel DVT-induced anxiety. Ocean breathing is my favorite. It’s a form of yoga breathing where you completely fill your lungs and breathe through your nostrils. It allows me to take back my power and feel a sense of control.”

Massage your legs—upward. Amy massages her leg 10-15 minutes a day, using a technique she learned during lymphedema treatment: “It’s a rubbing motion going up the leg and making sure you’re not pushing down,” says Amy, who uses essential oils to make the massage extra spa-like.
(Ask your healthcare provider to demonstrate proper massage technique.)

Drive your legs up the wall! A yoga lover, Amy’s favorite pose is called “legs up the wall,” where you lie with your back on the floor and place your legs up against the wall. “It helps the circulatory system by giving it a break,” she explains. “It’s been huge in helping with the swelling and discomfort in my left leg. I do it two to three times a day and stay there for 15 minutes depending on how I’m feeling that day. Listen to what your body’s saying and what it needs that day.”

“Give your mind and body TLC”

SARA WYEN, Columbus, OH

Stretch your legs. When traveling long distance by plane, Sara makes sure she breaks up the time spent sitting down to lower her risk of developing blood clots. “I get up to walk back and forth to the restroom,” says Sara. “There are also inflight exercises that I do like little leg raises and ankle rotations just to keep my blood moving.”

Make a pit stop every two hours. “I love to take road trips. I make it a point to stop the car every two hours and get out to a restaurant or a rest stop or a store or whatever you see on the side of the road and just walk around for 10 minutes or so. I’ve done loops around a rest stop,” says Sara.

Share your story. “A big part of having DVT is that it can impact a lot of people emotionally and psychologically. I struggled a lot with anxiety and depression because my life had changed so much, so I would encourage people to find that emotional support, as well. Talking about what you’ve been through and sharing your story is very important because (1) it helps other people know that they’re not alone and (2) it’s another way to share risks and signs of blood clots.”

Keep yourself hydrated. Whether she’s traveling or just sitting at her desk all day, Sara makes sure she keeps herself hydrated to encourage blood flow. “I try to drink a lot of water and eliminate caffeine and sugary drinks,” says Sara.
“Rise to the challenge!”

AMARIS WHITE
New York

Work out regularly. “Four years ago, I was in a wheelchair because of DVT and couldn’t walk more than a few steps without crippling pain. My veins were permanently damaged and filled with scar tissue. By going to the gym, and eventually forcing myself to run again, I was able to create new collateral veins [tiny veins the body produces to compensate for vessel blockages]. I have now run 15 half marathons and the NYC marathon!”

Improve circulation with compression stockings. “I wore a thigh-high compression stocking on my left leg every single day for two years. And I do mean every day—with summer dresses, shorts and bathing suits. I had to throw any sense of vanity out the window and just own my situation. This helped with my circulation, and gave me the ability to push myself ever so slightly in workouts and daily life.”

Ask for an aisle seat. “I’m unable to sit for long periods of time with my left leg at a less than 90-degree angle. This usually isn’t a problem, but I’ve been to a couple of Broadway shows or movie theaters where I absolutely can’t sit in the chair without cutting off circulation and being in a fair amount of discomfort—I’ll usually ask someone to switch with me so that I can be in an aisle seat. If I’m on the aisle, I can stretch out my left leg and be totally okay.”

Take stock of all the good in your life. “I have found that in my lowest moments, I am my most grateful. This is when family and friends will rise up,” says Amaris, who suggests accepting the help, love and support they offer. “Dwell on what is good in your life, even if it’s as simple as an incredibly delicious lunch. Not every day will be a victory, and that’s okay.”
Word search

Find these key words hidden in the word search:

- **ANTICOAGULANT**
  A medication that prevents clots from forming in your blood

- **ARRHYTHMIA**
  Irregular heart rhythm that can be a sign of a blood clot in the lung

- **BLOOD CLOT**
  A gel-like clump of blood that can cause medical problems when formed in a vein

- **BLOOD THINNER**
  An anticoagulant medication, used to prevent blood clots

- **CT SCAN**
  Computed tomography imaging in which dye is injected into veins; enables the detection of clots in the lungs

- **DEEP VEIN**
  A vein that is deep in the body, as opposed to a superficial vein found near the skin

- **EMBOLUS**
  A blood clot that forms in one part of the body and travels in the bloodstream to another part of the body

- **PULMONARY**
  Related to the lungs

- **THROMBOSIS**
  When a blood clot forms in a vein, blocking blood flow

- **THROMBUS**
  A blood clot (thrombi, plural)

- **ULTRASOUND**
  Imaging test that uses sound waves to detect blood clots

- **VENOUS**
  Relating to a vein or veins

**SOLUTION**

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Questions to ask your care team

Take these questions to your next exam to make sure your treatment plan is on track.

1. What do you think caused my clot to occur?

2. Could I have a genetic predisposition for blood clots?

3. Has my blood clot dissolved? How do you know?

4. How long will I need to be on a blood thinner?

5. How long will I need to wear compression stockings?

6. Do I need to avoid any medications, food or beverages while taking this blood thinner?

7. Do I need to avoid or restrict physical activity or change travel plans?

8. What symptoms should I report to you immediately?

9. What lifestyle changes do you recommend to prevent complications and avoid new clots?

Fill out and share with your care team

I am experiencing these symptoms:

☐ blood in the urine or stool
☐ dizziness
☐ heavier than usual menstrual bleeding
☐ leg swelling
☐ scaling or skin sores on the leg
☐ unusual bruises
☐ bleeding gums
☐ leg pain
☐ change of color on the leg

I have/have had these medical conditions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medications (including birth control or hormone replacement therapy) and supplements I am taking:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________