Barts Health NHS Trust

Patient information

Heparin-induced Thrombocytopenia (HIT)

This leaflet is suitable for:

People who have been diagnosed with heparin-induced thrombocytopenia (HIT).

What is Heparin?

Heparin is a commonly used anticoagulant (blood-thinner) medicine. It is prescribed to prevent blood clots from forming, or to treat blood clots that have already formed. It can be given as an injection under the skin or into a vein.

What is HIT?

Platelets are small cells found in normal blood that usually help to stop bleeding. The medical term for a low platelet count is **thrombocytopenia**. Very rarely, heparin administration can cause thrombocytopenia by causing an immune reaction that damages platelets. This is **heparin-induced thrombocytopenia** - HIT.

How might HIT affect me?

HIT can cause blood clots to form, also known as thrombosis. This happens because the damage done to platelets also makes them more 'sticky'. Treatment is needed to prevent or treat clots. Sometimes people with HIT may not have any symptoms because treatment is started quickly.

Blood clots can occur in different parts of the body. They are most common in the veins of the leg, where they cause pain and swelling; where devices have been inserted into veins to help give intravenous medicines; or at the sites of recent surgery. Rarely small clots in the skin can cause a rash.

How is HIT diagnosed?

A low platelet count after heparin administration is the prompt to assess for HIT. This initially involves looking at the type and amount of heparin given; the severity and timing of the drop in platelet count; checking for clots and considering other reasons for a low platelet count. A blood test is then done to look for the immune reaction that is typical of HIT.

Avoiding future heparin exposure

HIT can happen again when a person is given heparin again. If you have been diagnosed with HIT, it is vitally important to make the team aware of this whenever you are in a hospital or other healthcare environment.

They must check with a **haematologist (blood specialist)** if you can have heparin again and must use alternatives to heparin until they have had this discussion. Sometimes blood tests are needed to guide future heparin use.

Heparin goes by many names e.g. enoxaparin, Clexane, Lovenox, Arovi, tinzaparin, Innohep, dalteparin, Fragmin. It can also be an additive in medicines e.g. Octaplex. A pharmacist or a doctor can check for you whether a new drug you are being prescribed contains heparin.

Heparin can sometimes be used during **dialysis.** If you have dialysis, please ask your kidney team to avoid heparin until this has been discussed with a haematologist.

Keep a hold of this leaflet to show to your doctor or healthcare professional.

What is the treatment?

When HIT is suspected or diagnosed, heparin treatment is stopped. Because of the associated risk of thrombosis, a new **non-heparin** anticoagulant will usually be started.

You have been prescribed:

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Anticoagulant treatment is usually needed for.

- 4 weeks if you have HIT without a blood clot.
- 3 months if you have HIT with a blood clot.
- Long term if you have HIT but have another reason to use anticoagulant medicine.

The doctor treating you for HIT will refer you to the Haematology clinic to discuss your diagnosis and decide about the duration of treatment that is best for you when you are discharged.

Where can I get more information or help?

Before you go home: your ward doctors, nurses, and pharmacist.
After you go home: you should expect an appointment in the Haematology clinic**,** also known as the anticoagulant clinic. Contact details for this service:

Royal London/St Bartholomew's:
telephone: 020 3594 1885
email: theanti.coagteam@nhs.net

Whipps Cross:
telephone: 020 8535 6815
email: wxanticoadmin.bartshealth@nhs.net

Newham:
telephone: 020 7363 8730
email: bhnt.newhamanticoagteam@nhs.net

Your GP or local community pharmacist; your GP can also contact the Haematology team on your behalf for advice and guidance.

Outside working hours, you should call NHS 111 or attend your local Emergency department if you have symptoms such as serious bleeding or signs of blood clots. The Barts Health Haematology website includes information leaflets about the signs of blood clots.
https://www.bartshealth.nhs.uk/haematology-services

The Thrombosis UK website also has useful information about blood clots:
www.thrombosisuk.org

References:

https://b-s-h.org.uk/guidelines/guidelines/diagnosis-and-management-of-heparin-induced-thrombocytopenia-third-edition

Translation and interpreting services

If you do not speak English as a first language, use sign language (BSL) or have a learning difficulty, our in-house Bilingual Health Advocacy and Interpreting Service can help.

St Bartholomew's, Mile End and The Royal London Hospitals
Telephone: **020 7377 7000**

Newham University Hospital
Telephone: **020 7476 4000**

Whipps Cross University Hospital
Telephone: **020 8539 5522**

Text Relay service for Deaf people
Our dedicated number is **18002** and then **add in the number** you are wanting to phone**.** It is available 24/7 for deaf people to access emergency services through interpreters across our hospitals.

Please scan the QR code below to access our patient information library and for translation of leaflets.

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services:
www.bartshealth.nhs.uk/pals

Switchboard: 020 3416 5000
www.bartshealth.nhs.uk

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