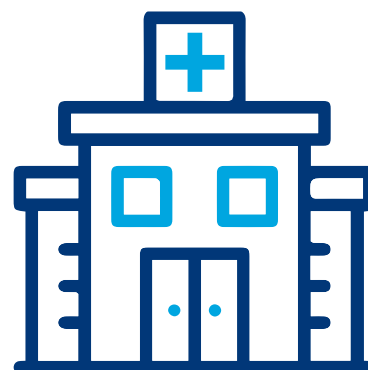


JOINT SURGERY IN HAEMOPHILIA:

What you need to know



ACT

AGREE OPTIONS WITH YOUR HEALTHCARE TEAM

CHECK YOUR READINESS FOR SURGERY

TAKE THE RECOMMENDED STEPS

WHAT DO I NEED TO KNOW BEFORE THE SURGERY?

Reasons for surgery

The main reason for having joint surgery in haemophilia is to **reduce pain and discomfort**.^{1,2} Other reasons include **improvements in mobility and range of motion** (although this won't be the case for all types of surgery). Reduction in joint bleeds is another possible benefit, but is not usually the main reason for having surgery.^{1,2}

Delayed surgery can result in progressive joint damage, which may be more difficult to manage.³⁻⁵ Many people with haemophilia have gone through surgery before, with positive outcomes.^{3,6}

It is important for you and your surgeon to agree achievable goals before your surgery, so that you know what to expect.

Potential risks

As with all surgeries, there are risks to consider. With haemophilia, these may include bleeding during or after surgery, infection and development of an inhibitor.¹⁻³

Potential risks of surgery can be reduced with preparation and planning by your healthcare team.² For example, maintaining a high level of clotting factor replacement (or bypassing agent for patients with inhibitors) throughout wound healing can help reduce your chances of developing an infection.¹

Your healthcare team will put in place personalised surgery and pain management plans at an early stage.

This material is for educational and informative purpose only. It should not replace any advice or information provided by your haemophilia specialist and/or other healthcare professionals.

Surgery in patients with haemophilia (with or without inhibitors) can carry specific risks that should be carefully assessed and discussed with your haemophilia specialist and multidisciplinary care team. Surgery in patients with haemophilia (with or without inhibitors) should always be done in consultation with a specialised haemophilia treatment centre.⁵



i The risks of surgery, including bleeding, may be higher among people with inhibitors. However, careful planning by your healthcare team can help to reduce this risk.⁷

PREPARING FOR SURGERY

Your healthcare team is there to support you in the months before your surgery.⁵ During this time, you should:



Complete any recommended exercises to strengthen muscles and increase mobility

Doing your physiotherapy exercises in the lead up to surgery may help you to prepare physically for surgery and achieve good results.^{2,5}



Discuss bleeding and pain management plans with your healthcare team

Your bleeding management plan will involve assessment of your needs during and after surgery.⁵ Pain management covers recovery both during your hospital stay and after discharge.⁵ Pain relief options include opioids (taken orally or through a vein) and other painkillers.⁸ It will also be important to discuss access to a vein, which will be used for surgery and delivery of some medications just after.



Consider any home adjustments or extra support you may need following surgery

For example, rearrange furniture to improve accessibility or install safety handrails in the bathroom.² Your occupational therapist can help you, and those that support you, with these considerations.



Attend any appointments you have with your healthcare team

You will have a physical assessment, blood tests, urine tests, a chest X-ray, an ECG (to check your heart rhythm and rate) and your temperature and blood pressure will be measured. Your haemophilia treatment centre will also carry out coagulation/inhibitor testing.¹

When going to the hospital for your surgery, remember to bring any compression stockings, splint or crutches that you have been given (dependent on the type of surgery).

YOUR HOSPITAL STAY AND BEYOND

Your hospital stay

Surgery may take several hours, depending on the procedure. After this, you will be moved to the recovery room, before going to a regular room.²

Pain relief will be given after surgery, but it is important that you **tell your healthcare team if you are still in pain – they can adjust your treatment to help.**

Factor replacement therapy (or bypassing agents) will also be given regularly, as advised by your haematologist. This will be monitored and adjusted over time, depending on your factor levels and how you respond to treatment.

While you are in hospital, your physiotherapist will visit you on a daily basis to assess the joint and its range of motion. They will also be around to help you regularly with your physiotherapy sessions. Factor replacement (or bypassing agents) will be given before each session.²

The amount of time spent in hospital will vary, depending on the type of surgery and your recovery.



Physical rehabilitation may begin in the days after surgery for patients without inhibitors, but it is often delayed by a few days in people with inhibitors. This is to ensure that the risk of bleeding is properly controlled.⁵

After you go back home

Care and assistance after discharge from hospital will be important to help you recover. Transfer to a rehabilitation centre is often advised for a period of time.²

An extended period of physiotherapy after surgery is vital for rehabilitation and improving range of motion.¹ Remember to administer your factor concentrate (or bypassing agent) and pain medications as prescribed, including before physiotherapy sessions.²

Your surgeon will advise on which activities you can do and when (e.g. sports, driving, returning to work or education). Recovery time will differ from person to person and also depending on the surgical procedure that you are having.²

If you have any more questions or concerns, please speak with your healthcare team.



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