

Unresolved challenges of anticoagulation management impair patient safety and quality of life.

Any minor trauma may result in lethal complications.

Anticoagulated patients must avoid any activity that may result in trauma.¹

The one-year survival after intracranial hemorrhage is only about 20%.²

Activities to monitor

- Many forms of exercise
- Many sports and recreational activities
- Many household activities such as gardening, housekeeping, do-it-yourself
- Many work-related activities

“The risk of intracranial hemorrhage with relatively minor head injury is increased dramatically in the anticoagulated patient.”³

— Karni A, et al.

Anticoagulation therapy also impacts patient diet and schedule.

Patients taking anticoagulation therapy must monitor intake of herbal teas, alcohol, soy, and other foods high in vitamin K. Anticoagulation levels must be closely monitored during frequent physician or lab visits, which may interfere with travel, work, and leisure.

“...only those who have had a mechanical valve and faced its drawbacks can appreciate the mental tranquility after receiving a biological or bioprosthetic valve on reoperation...”⁴

— Walter PJ, et al.



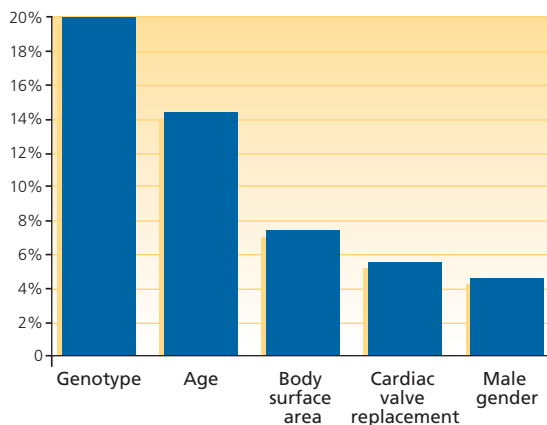
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Why compromise with anticoagulation variability?

Anticoagulation level is patient-dependent and difficult to manage.^{5,6}

Patients with an unstable anticoagulation level need more frequent monitoring and have an increased risk of complications.

Factors contributing to warfarin maintenance dose variability⁶



Anticoagulation variability is affected by non-modifiable individual patient risk factors, such as demographics, ethnicity⁷, literacy⁸ or genetic polymorphism.⁶

“Patients may require very different doses (up to 10-fold differences) to reach the same level of anticoagulation, and the required dose may also vary over time in an individual patient.”⁹

— Rosendaal FR

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Edwards Lifesciences (Canada) Inc · 1290 Central Pkwy West, Suite 300 · Mississauga, Ontario · Canada L5C 4R3 · 905.566.4220 · 800.268.3993
Edwards Lifesciences S.A. · Ch. du Glapin 6 · 1162 Saint-Prex · Switzerland · 41.21.823.4300
Edwards Lifesciences Japan · 2-8 Rokubancho · Chiyoda-ku, Tokyo 102-0085 · Japan · Phone 81.3.5213.5700