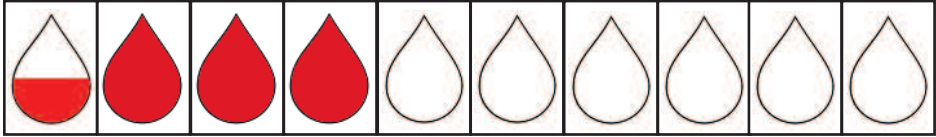
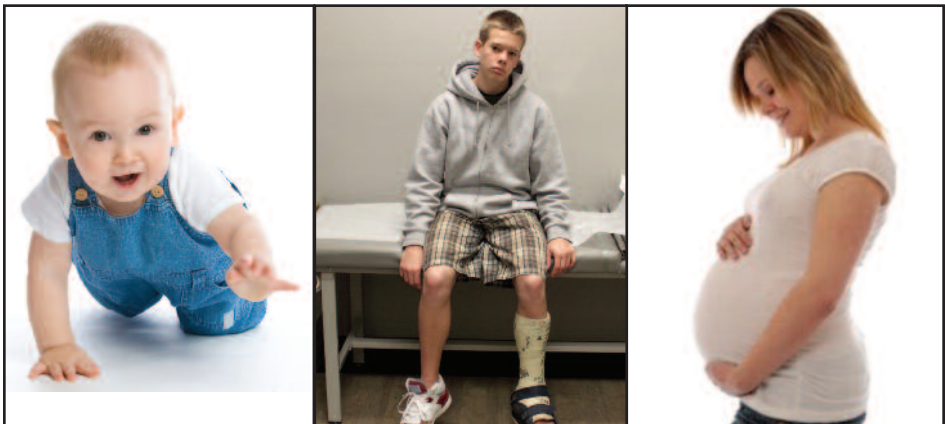


Irish Haemophilia Society



Mild Haemophilia



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INTRODUCTION

Mild haemophilia is a very manageable health condition. If you have mild haemophilia it may have little impact on your life as long as you know what to do to prevent bleeding and how to manage bleeding if it occurs.

People with mild haemophilia may only have bleeding problems requiring treatment when they have a serious injury or wound, for example, after an accident, surgery or dental extractions. If they have not had any injuries or surgery, they might not even be aware they have mild haemophilia and might not be diagnosed until they are older.



Mild haemophilia is likely to have a minimal impact on the person's life as long as treatment is given to prevent bleeding, for example, before surgery or a dental procedure and to treat bleeding after an accident or injury. However, bleeding may be very serious if injuries or bleeds are not treated promptly and adequately, and in rare cases these can even be life threatening. The danger is that a person with mild haemophilia, having so few bleeds, will not recognise one when it occurs or will not know what to do. It is important to contact your Haemophilia Treatment Centre after injury and before surgery or dental extraction. It is also important to learn how to recognise bleeding.

Important things to know if you have mild haemophilia:

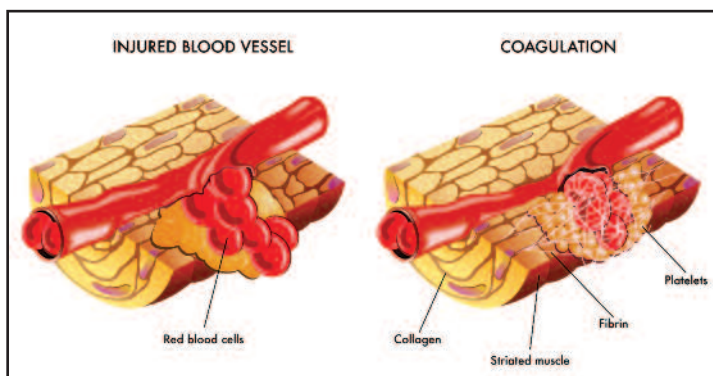
- What type of haemophilia you have.
- How to prevent bleeding and how to treat a bleed.
- When to seek help.
- Where to go for help and more information.
- What you need to tell other people.

WHAT IS HAEMOPHILIA?

Haemophilia is an inherited bleeding disorder where a person's blood doesn't clot properly. It results from not having enough clotting factor in the blood. A clotting factor protein is a protein in the blood that helps control bleeding.

Haemophilia is a lifelong condition. It occurs when a person is born with an altered factor VIII or factor IX gene. As yet, there is no cure for haemophilia. However, there are effective treatments to manage and prevent its symptoms. In Ireland, a person with mild haemophilia has a similar life expectancy and quality of life to the general population.

Haemophilia is rare. In Ireland, there are over 700 people with haemophilia and almost 60% of those have mild haemophilia. Some women and girls who carry the haemophilia gene experience bleeding problems. About one third of females who are carriers of haemophilia have low levels of factor VIII or factor IX and they are sometimes described as having mild haemophilia or as being a "symptomatic carrier".



How Bleeding Starts and Stops

- The capillary (small blood vessel) is injured and blood leaks out.
- The capillary tightens up to slow the bleeding.
- Blood cells called platelets make a plug to patch the hole.
- Clotting factors in plasma (part of the blood) knit together to make a clot over the plug. This makes the plug stronger and stops bleeding.

In haemophilia, there is not enough of one of these factors for the clot to stay together, so bleeding continues for longer than usual but not faster.

WHAT TYPE OF HAEMOPHILIA DO YOU HAVE?

There are two types of inherited haemophilia. Both have the same symptoms:

Haemophilia A is the most common form and results from having lower than normal levels of factor VIII (eight).

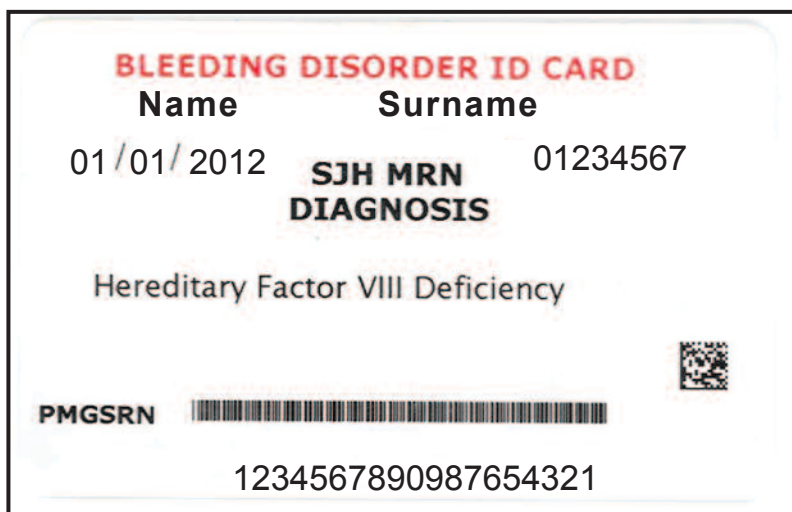
Haemophilia B results from having lower than normal levels of factor IX (nine).

If you or your child has haemophilia, it is important to know what type of haemophilia it is:

- Haemophilia A, also known as factor VIII deficiency
or
- Haemophilia B, also known as factor IX deficiency

Each type of haemophilia requires a different clotting factor treatment.

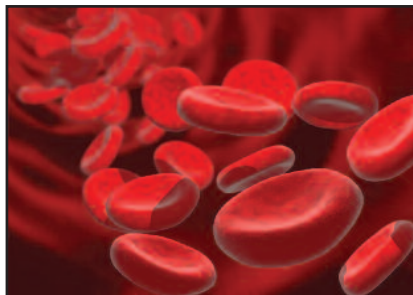
Your Haemophilia Treatment Centre will give you a wallet size card called a Bleeding Disorder ID Card, which gives brief details about your or your child's diagnosis, recommended treatment and who to contact in an emergency. Keep this card with you and show it to doctors, nurses, ambulance drivers and other healthcare professionals who provide your or your child's care.



Example of a Bleeding Disorder I.D. Card

How serious is haemophilia?

There are three levels of haemophilia; mild, moderate and severe, depending on the amount of factor VIII or factor IX present in the blood. The normal range of factor VIII and IX is 40% to 200%.



LEVELS OF HAEMOPHILIA

Mild (5 - 40%)

- Usually only have bleeding problems after dental extractions, surgery or a bad injury.
- More commonly experience muscle bleeds than joint bleeds.
- Females may have bleeding problems with periods or childbirth.
- Might not be diagnosed until well into middle age if not taking part in contact sports and have not had any injuries or surgery.
- Might never have a bleeding problem that needs medical attention.

Moderate (1 – 5%)

- Usually only have bleeding problems after having dental extractions, surgery or a bad injury or accident.
- Rarely have a spontaneous bleed (bleed for no obvious reason).

Severe (Less than 1%)

- Often have bleeds into joints, muscles and soft tissues.
- Can have spontaneous bleeds, as well as after surgery, dental work or injuries including minor bumps and knocks.
- More likely to have bleeding episodes than someone with mild or moderate haemophilia.
- Need regular treatment to prevent or stop bleeds.

TYPES OF BLEEDING IN MILD HAEMOPHILIA

The small knocks, twists, bruises, minor cuts and scratches that are part of everyday living are not usually a problem with mild haemophilia. They can be treated with normal first aid, such as putting on a plaster/bandage and applying some pressure at the site of bleeding.

However, small injuries or wounds and medical or dental procedures can be complicated by prolonged bleeding in people with mild haemophilia, especially if treatment is not given. A more severe injury affecting the head or abdomen might result in internal bleeding. Other possible internal bleeds are those affecting a muscle or joint, which usually occur as a result of direct trauma to the area. These bleeds can be managed with appropriate treatment and you should always contact your Haemophilia Treatment Centre as soon as possible.



Common symptoms of bleeding in mild haemophilia

- Can bruise easily.
- Having more painful swelling and bruising than you would expect after an injury, e.g. falling off a bike, car accident, football injury.
- Having prolonged bleeding with wounds or after surgery, dental extractions or medical procedures that pierce the skin or mucous membrane.



For girls and women:

- Having heavy and/or long menstrual periods.
- Having heavy bleeding for an extended time in the weeks after childbirth.

DIAGNOSIS

If you or your child has been diagnosed with mild haemophilia, it is important to see a Haematologist who specialises in bleeding disorders. Talk to your doctor about referring you for a consultation.

To confirm a diagnosis of haemophilia a Haematologist will establish the following:

- Does the person have a history of prolonged bleeding, for example, with injury or surgery, dental work or medical procedures?
- Is there a family history of haemophilia or bleeding problems?
- What are the factor levels?



Sometimes low factor VIII levels can also occur if the person has von Willebrand Disease, which is another type of inherited bleeding disorder. Identifying the people who should have additional testing requires specialised knowledge and expertise in bleeding disorders.

FAMILY AND INHERITANCE

Haemophilia is an inherited condition. However, it is possible for the condition to appear in any family – it is thought that at least 30% of people with haemophilia have no family history of a bleeding disorder.

The sex of a newly conceived baby is determined by the type of chromosomes it receives – one from each parent. A boy inherits an X chromosome from his mother and a Y chromosome from his father, and a girl has two X chromosomes, one from each parent (See Figure 1).

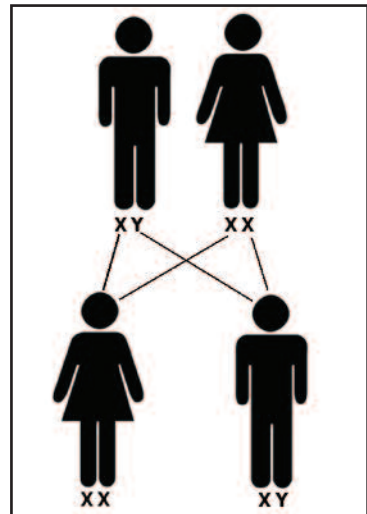


Figure 1

The defect that causes haemophilia is on the X chromosome; therefore, all daughters of a man with haemophilia will inherit his X chromosome and will be carriers of the haemophilia gene.

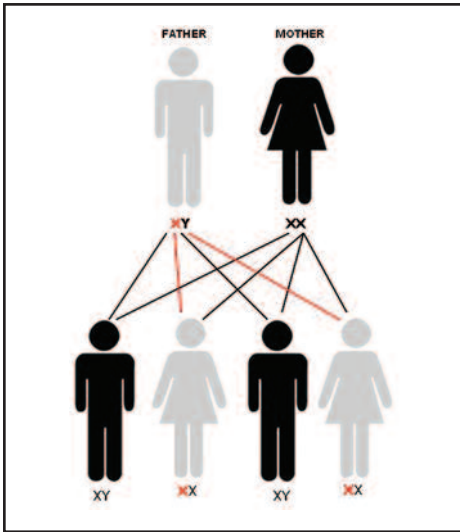


Figure 2

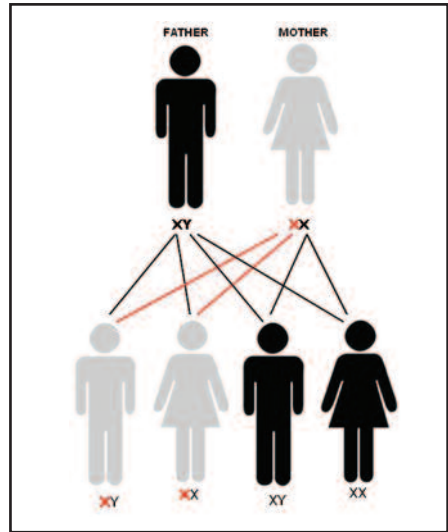


Figure 3

Since the sons of a man with haemophilia must inherit his Y chromosome they will not be affected by haemophilia nor will they be carriers (See Figure 2).

A carrier female has one normal and one defective X chromosome. If she has a son, the son has a 50:50 chance of receiving his mothers defective X chromosome. The daughter of a carrier also has a 50:50 chance of being a carrier herself (See Figure 3).

Although the daughter of a man with haemophilia will not have as low levels as her father, she may still have a lower than “normal” level. Because of the ability for the defective gene to remain hidden through several generations of carrier daughters, it can be difficult to know whether there really is no family history, or whether the problem has just been dormant for several generations. Specialist advice is needed for mothers and babies to reduce the risks of bleeding during labour and delivery. For more information please see the Women and Bleeding Disorders booklet produced by the Irish Haemophilia Society.

If someone is diagnosed with mild haemophilia, it is likely that other members of their family also have haemophilia or carry the gene. The Haemophilia Treatment Centre team will discuss the family history regarding bleeding problems in other family members and some may also need to be tested for haemophilia.

TREATMENT AND CARE

What do I need to know?

It is important to treat a bleed as they occur and also to prevent bleeds as much as possible. You should:

- Learn how to identify a 'bleed'.
- Treat a bleed early. Learn when to treat yourself and when to seek help.
- Contact your Haemophilia Treatment Centre immediately after significant injury or before having medical or dental procedures.
- Learn how to prevent bleeds.

Your Haemophilia Treatment Centre team will discuss treatment and care with you.

The aim of learning how to manage your bleeds is to enjoy the best quality of life and have as few complications as possible.

How to recognise a bleed

Because people with mild haemophilia have bleeding so rarely, they sometimes do not recognise the symptoms and delay seeking treatment.

It is important not to ignore bleeds or think they will be ok if left untreated. Bleeds that are not treated quickly can take longer to stop and to heal.

Serious bleeds can be dangerous and need prompt medical attention.

The Haemophilia Treatment Centre will help you with learning how to recognise a bleed and how to deal with it.

When should I seek advice from the Haemophilia Treatment Centre?

If you have any of the problems listed on page 11, call your Haemophilia Treatment Centre who can advise you on how to obtain the necessary assessment and treatment, either from your GP, local hospital or Haemophilia Treatment Centre depending on the circumstances.



- **Bruising:** seems to be growing larger or if swelling, is painful and limits your movement.
- **Mouth, Tongue or Nose bleeding:** continues to ooze or bleed at times for several days.
- **Muscles and Joints:** these usually occur as a result of a direct blow such as a kick to the thigh while playing football or a bad strain such as “pulling a muscle” when it is overworked.

- Feeling of tightness, heat or swelling.
- Difficulty bending or straightening a limb.
- Difficulty taking weight through that side if it's a leg injury.
- Pain or movement problems that keep you awake overnight after the PRICE (see page 13) procedure.



If bleeds have occurred in the past you are more likely to encounter problems related to bleeds.

- **Stomach, bowels, urinary tract:**

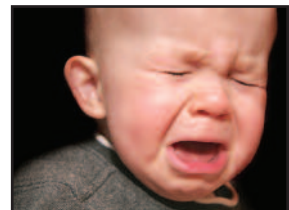
- Pink, red or brown urine.
- Urinating more often or difficulty/pain with urinating.
- Abdominal or back pain.
- Bright red bleeding from the bowel.
- Blood in bowel motions or black bowel motions.



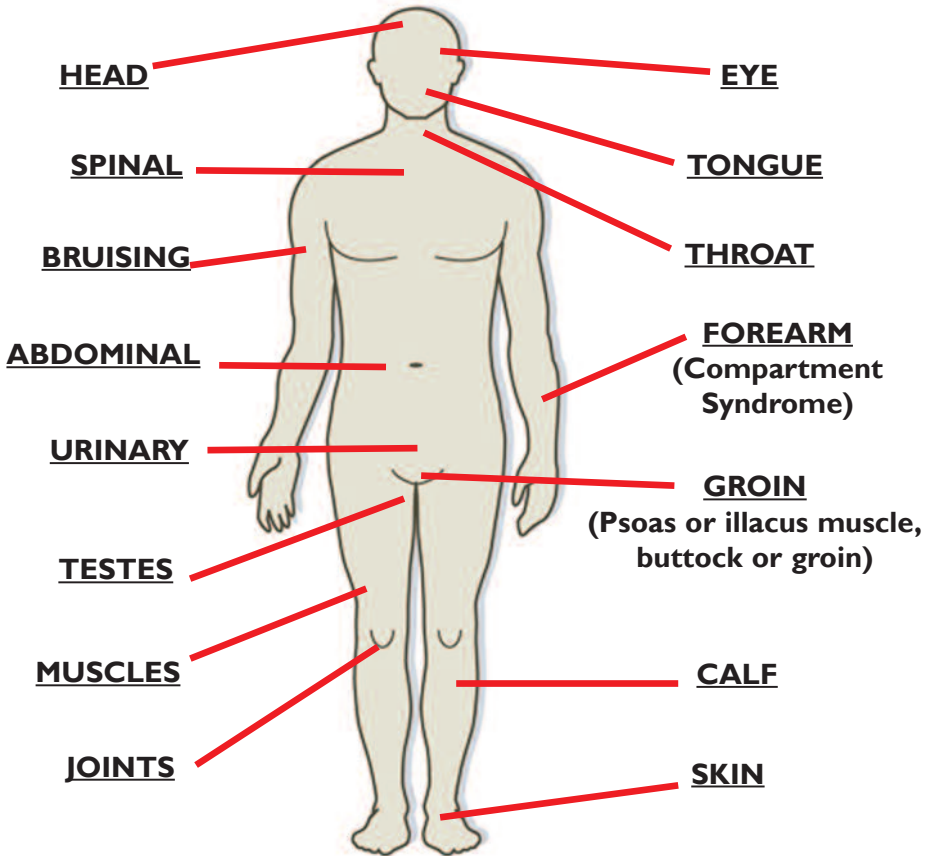
- **Menorrhagia:** heavy bleeding with menstrual periods

Babies and small children: if you notice these signs, talk to your Haemophilia Treatment Centre.

- Irritability, crying, pain (unrelated to hunger/feeding, teething or needing a nappy change).
- Heat or swelling at a joint.
- Favouring one leg or arm.
- Avoiding some normal actions with one hand, leg or arm or not wanting to walk.



SERIOUS BLEEDING: **INJURIES REQUIRING PROMPT MEDICAL ADVICE**



What to do about an injury or bleeding

If bleeding symptoms, pain or swelling get worse in the first 24 hours or keeps you awake overnight, contact your Haemophilia Treatment Centre for assessment and advice.

All bleeding and bruising should be dealt with promptly to make sure no permanent injuries result.

If you have recurring bleeding into any part of the body discuss it with your Haemophilia Treatment Centre team to investigate the cause, how to manage it and how you might prevent further bleeds.

Minor cuts, scratches and bruises

These can usually be managed using standard first aid techniques.

- To stop bleeding from minor cuts, apply pressure for 10 minutes without looking at the wound during this time, if bleeding has stopped put a plaster on it. Keep wound clean and dry until healed.
- Small bruises may look unattractive but are not serious and usually fade over a few weeks without treatment.



Larger bruises, strains, sprains, muscle/joint pain and swelling

To reduce bruising, pain and swelling and to recover more quickly, start the **PRICE** procedure promptly:

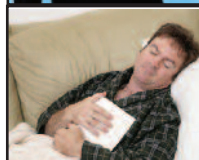
PROTECTION

Use a sling for an arm injury and crutches for a leg injury.



REST

No strenuous activities and rest to reduce increased circulation.



ICE

Apply a cold pack (e.g. ice pack or frozen vegetables in a towel) for 10 - 15 minutes, then remove and re-apply every two hours.



COMPRESSION

After icing, wrap the injury with a light elastic compression bandage. Make sure this is not too tight and remove it at night or if resting with the part elevated.



ELEVATION

Where practical, raise the injured body part above the level of the heart to reduce swelling.



Stopping bleeding into a joint or muscle quickly can help to prevent complications, including permanent injury. Over time repeated bleeds into joints and muscles can lead to problems such as arthritis in joints. This is unusual in someone with mild haemophilia – it occurs more often in people with moderate or severe haemophilia, but can occur if bleeds are unrecognised and untreated in a person with mild haemophilia. Therefore it is important to contact/attend the Haemophilia Treatment Centre promptly if you have a noticeable injury to a muscle or joint.

Do not take aspirin or non steroidal anti-inflammatory drugs (NSAID's – eg Ibuprofen) to relieve the pain unless advised by your Haemophilia Treatment Centre. These medications can interfere with blood clotting and can delay healing.

Nosebleeds

Sit upright and pinch your nostrils together below the bridge of the nose in the soft tissue for 10 - 15 minutes. If the bleeding doesn't stop, repeat this procedure a second time. Try to remain calm. A cold cloth on the back of the neck or on the bridge of the nose may also help.



Drinking hot liquids and strenuous exercise can cause the nose bleed to restart. Avoid hot soup, tea or coffee and lifting or straining for 24 hours after a nosebleed.

Bleeding from your bowels or blood in your urine

Contact the Haemophilia Treatment Centre for assessment and treatment. Untreated bleeds can lead to anaemia and the cause of bleeding needs to be investigated.

Heavy periods (menorrhagia)

Women with heavy periods should consult both their Haematologist and Gynaecologist for investigation.

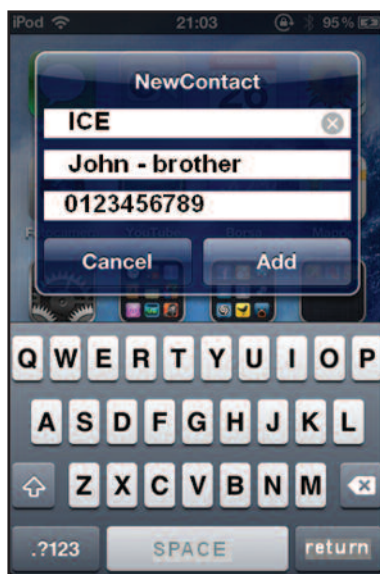


ACCIDENTS AND EMERGENCIES

Serious bleeding can cause lasting damage and sometimes can be life threatening and you should:

- Seek emergency treatment.
- Where possible, contact the Haemophilia Treatment Centre.
- The Haemophilia Treatment Centre may be able to call ahead to the Emergency Department and prepare for your arrival.
- Haemophilia is a rare condition and doctors or hospital staff may not be familiar with it. Ask them to make contact with the Haemophilia Treatment Centre and liaise with them regarding your or your child's treatment. You can give them direct contact numbers which are on the back of the Bleeding Disorder ID card which you should carry at all times.
- All hospitals in Ireland should have treatment available for emergencies and the Haemophilia Treatment Centre can advise hospitals on its use if necessary.
- Where possible it may be more time efficient to attend a hospital with a Comprehensive Care Centre or a Haemophilia Treatment Centre.

Consider wearing a medical alert bracelet, always carry your Bleeding Disorders ID card and have an ICE (In Case of Emergency) number stored in your contacts on your mobile phone.



TREATMENT OPTIONS



Your Haemophilia Treatment Centre will advise you on the best treatment for you.

If you think you need treatment or are not sure, contact your Haemophilia Treatment Centre as soon as possible.

There are several types of treatment. Certain treatments may be useful in different situations and at different times. The Haematologist will look at all of this when they work with you or your child to decide the best treatment option. They will need to reassess the situation each time treatment is needed.

Treatment may be given to prevent or treat bleeding:

- In preparation for surgery, medical procedures, dental treatment or childbirth.
- After an injury or accident.

* **Desmopressin (DDAVP)**

A synthetic hormone used to treat haemophilia A (factor VIII). It works by releasing the body's stored factor VIII into the bloodstream to help blood clot. These body stores are limited and the body may need time to rebuild stores of factor VIII before another dose is given. If you or your child need more treatment and the body's stores of factor VIII are used up, clotting factor concentrate may need to be used instead. DDAVP can work for many people in treating bleeding but it is not suitable for everyone. The Haematologist may do a test to see if you have an appropriate response to DDAVP. DDAVP is given in a small bag of fluid into a vein. The infusion takes 30-60 minutes.

* **Tranexamic Acid (Cyclokapron)**

Acts by strengthening blood clots that have formed. This prevents the blood clot from being dislodged and bleeding restarting. Tranexamic acid can be used to stop bleeding in the mouth or nose, gut bleeding, bleeding after dental work, minor surgery or an injury. Tranexamic acid is most commonly taken as tablets, syrup or mouthwash.

* **Clotting factor Concentrates**

Clotting factor concentrates containing either factor VIII or factor IX are available depending on which factor is low. Concentrates come in two different forms:

- Recombinant factor

Ireland is one of the few countries that use almost entirely recombinant products. This is concentrate made by genetic engineering and contains little or no material from human blood or animals.

- Plasma Derived factor concentrates

These are manufactured from plasma which comes from human blood.

Factor concentrates are injected into a vein.

* **Hormone Treatment**

Such as oral contraceptives (birth control pills), can help women who have heavy menstrual bleeding. Some of these hormones can increase factor VIII levels.



Do I need to learn to treat at home?

Treatment that needs to be injected, such as DDAVP or factor concentrate, can be given in the Haemophilia Treatment Centre or it may be possible to learn to treat at home. This decision will be made by your Haemophilia Treatment Centre depending on your situation and if it is appropriate. The Haemophilia Treatment Centre can train you if you need to give treatment at home.



Treatment Complications

After treatment with clotting factor concentrate, occasionally people with mild haemophilia may develop antibodies – known as “inhibitors”, which make the treatment less effective. There are a number of ways to treat inhibitors and many people are successful in overcoming them, while others may have ongoing problems.

What do I tell my other Doctors or Dentist?

Haemophilia is a relatively rare condition. Most doctors and dentists will not be familiar with its treatment and will not be aware of your individualised treatment plan.



Ask doctors, dentists and other healthcare providers to liaise with your Haemophilia Treatment Centre about treatment or before having any surgery, dental work or medical procedures.

- Make sure you know what type of haemophilia you have and always carry your Bleeding Disorders ID card in your wallet.
- Show doctors, dentists and other health care providers your Bleeding Disorder ID Card and ask them to liaise with the Haemophilia Treatment Centre.
- Always inform doctors, dentists or surgeons you have mild haemophilia before any medical, dental or surgical procedures.
- Consult the Haemophilia Treatment Centre prior to any procedure. Some healthcare providers may not realise the implications of a procedure from a haemophilia perspective.

DENTAL CARE



If you have mild haemophilia, you can attend your own dentist for routine care such as check-ups, fillings, scale and polish, root canal, crowns and cosmetic work. You should inform your dentist about your bleeding disorder and advise him/her that further information is available from your Haemophilia Treatment Centre.

However, should you need a tooth extraction, some deeper injections (known as an ID block), gum surgery or a dental implant, your dentist should contact your haematologist or nurse for advice as this type of treatment will usually need to be provided in a specialist centre.

Your dentist will advise you about how often you need to attend for check-ups and give you information on how to prevent dental problems. Everyone with haemophilia should attend their dentist at least once a year.

INJECTIONS AND IMMUNISATIONS

Both children and adults with mild haemophilia can have all the normal immunisations. Informing the nurse or doctor giving the immunisation that you or your child has haemophilia is important. Injections should be given subcutaneously rather than into the muscle and pressure should be put on the skin at the injection site for a few minutes afterwards. This reduces the risk of bruising and bleeding. Contact the Haemophilia Treatment Centre for further advice.



Intramuscular injections, such as penicillin, iron or vitamin B12 and some hormonal treatments, can cause muscle bleeds and are not recommended for people with mild haemophilia.

MEDICATIONS TO BE AVOIDED

Some medicines, vitamins and herbs can interfere with the way clots are formed and may delay healing. If you have mild haemophilia, consult your Haematologist before taking:

- Medicines containing Aspirin.
- Other drugs which affect platelets such as Clopidogrel (Plavix).
- Non-steroidal anti inflammatory drugs unless prescribed by a doctor with expertise in haemophilia (e.g. Ibuprofen, Neurofen, Brufen, Difene).
- Blood thinners such as Warfarin, Heparin or newer blood thinners (anticoagulants).



Also check with your doctor when starting new medications that could irritate the mucous membranes such as nasal passages or stomach lining – any bleeding could be complicated by mild haemophilia.

LIVING WITH MILD HAEMOPHILIA

Travel Tips

PLAN AHEAD!!! PLAN AHEAD!!! PLAN AHEAD!!!

One of the most common problems for people with mild haemophilia is something happening while out of the country. Travelling is a great opportunity and can be enjoyable but you need to be prepared for all possibilities, for example:

- Talk to the Haemophilia Treatment Centre and the Irish Haemophilia Society before travelling for information and advice.



- Discuss with the Haemophilia Treatment Centre if you need to take treatment with you in case the area you are going has limited access to treatment.

- You may not need them but find out the details of the Haemophilia Treatment Centres along your route.



- You will need to obtain travel insurance for overseas travel.

- Consider telling your travelling companions what to do to help you in case of an emergency.

- When travelling through security and customs you will need documentation to carry medication and treatment equipment. The Haemophilia Treatment Centre will be able to provide you with required documentation.

- Always carry your medication in your hand luggage in the event that you require it during the flight or that checked-in baggage is lost or misplaced.

Useful Websites for travel tips:

Irish Haemophilia Society - www.haemophilia.ie

World Federation of Hemophilia - www.wfh.org

Sport and other activities

Physical activity and regular exercise have great benefits for everyone. For people with mild haemophilia it can be a way to keep muscles and joints strong and even prevent injuries and bleeds. Being active and healthy can be a balance between taking on physical challenges and preventing injuries. Ask the Haemophilia Treatment Centre team for advice on sports and other physical activities and the risks involved, based on your individual health situation.

Extreme contact sports, including rugby and boxing, are a high risk for severe injury and are generally not recommended. If you have any questions about the suitability of a sport or activity, check with the Haemophilia Treatment Centre.

Working

Mild haemophilia should not usually impact on your work. Occasionally, there may be problems if jobs are very physically demanding, involve repetitive movements, or standing for long periods of time. If you find you are having unusual elbow bleeds, aching muscles or neck, swelling and bruising (haematomas) from knocking against equipment or any other problems, contact your Haemophilia Treatment Centre for advice.

Who should I tell at work?

If you are diagnosed with mild haemophilia and start a new job, you may find you have to think about telling others in your workplace about your haemophilia. You may find it valuable to talk it over with the Haemophilia Treatment Centre or Irish Haemophilia Society, who can advise you on your situation and provide support and advice.

Insurance

Insurance companies will ask questions about pre-existing health conditions, including bleeding disorders, in their policy application forms.

You will need to answer questions honestly. If you do not provide this information, the company may refuse to pay any claim on the policy where your bleeding disorder is a contributing factor. Read the insurance policies so you are aware of what is and is not covered, especially in an emergency.

Different companies have different options, shopping around for your best option can be beneficial. It may be useful to speak to the Irish Haemophilia Society for more information.

SCHOOL AND CHILDCARE

Having mild haemophilia will not usually affect your child's ability to attend school. Most bleeding will be the result of normal schoolyard injuries and can be managed with standard first aid. However, it is always possible that a more serious bleed could occur and key staff at the school may need to learn to identify a more serious situation and how to manage this.

Well informed day care and school staff can be very helpful. It is important that they have the facts about mild haemophilia, but that the information isn't over-dramatised and any false fears be dealt with. You may find it useful to

organise information sessions for staff at day care or school. The Irish Haemophilia Society is experienced in this and would be happy to assist you, by giving a lecture to the school or providing you with publications. Your child may or may not want to educate their classmates. Most young people want to be treated normally, so the value of this would depend on each individual situation. When they are old enough, your child needs to know how to handle their own common bleeding problems, such as nose bleeds. If the child is very young, a staff member will need to learn how to manage them, so it is advisable to provide the school or child care centre with information on mild haemophilia and how to manage your child's condition.



It is important that they can contact parents or guardians at all times, in case of emergency. It may also be helpful to provide the number of the Haemophilia Treatment Centre.

What about babysitters?

Those taking responsibility for a child with mild haemophilia would need to know what to do in case of emergency. If bleeding symptoms are rare, you may decide not to tell them specifically that your child has haemophilia. However, if your child bruises easily, it may be useful to be open and talk matter-of-factly about your child's haemophilia with the babysitter. This may prevent any confusion or concern if children with bleeding disorders have bad bruises.



HAEMOPHILIA TREATMENT CENTRES

Registering and staying in contact with your Haemophilia Treatment Centre is an important part of managing mild haemophilia.

The Haemophilia Treatment Centre team can help you or your child by:

- Working with you to make a treatment plan.
- Helping you or your child learn how to recognise, treat and prevent bleeds.
- Liaising with other doctors and health services to make sure care is appropriate for you or your child's bleeding disorder.
- Reviewing your / your child's bleeding disorder regularly and adjusting the treatment plan where appropriate.
- Updating you on the latest information about haemophilia and treatment.
- Advising on ways to live with mild haemophilia, including managing sport, travel, childcare, school, working, relationships and family planning.

Stay in touch with your Haemophilia Treatment Centre and check with them regularly about new information and advances in treatment and care. Contact the Centre if you change your contact details or move.

Haemophilia Treatment Centres: Contact Details

National Centre for Hereditary Coagulation Disorders,

St James's Hospital,
Dublin 8.

Tel: (01) 416 2141 / (01) 416 2142

Fax: (01) 410 3570



Cork University Hospital

Wilton,
Cork

Tel: 021 492 2545 / 021 492 0459



Our Lady's Children's Hospital Crumlin

Crumlin,
Dublin 12

Tel: 01 409 6100



Irish Haemophilia Society
First Floor, Cathedral Court,
New Street,
Dublin 8, Ireland.

Tel: 00 353 1 6579900

Fax: 00 353 1 6579901

Email: info@haemophilia.ie

Website: www.haemophilia.ie