



Patient Education Sheet

Oncology Nursing Society
125 Enterprise Drive
Pittsburgh, PA 15275-1214
USA
+1-412-859-6100
www.ons.org



How Can I Manage Bleeding?

Bleeding in patients with cancer is caused by a complex interplay of disease- and treatment-related factors. Interventions that prevent, improve, or manage bleeding directly are addressed here.

Here are tips and techniques that you can discuss with your healthcare provider to relieve bleeding.

Most Helpful

- **Platelet infusion:** A platelet infusion is given either to prevent your platelet count from becoming too low or to treat a very low platelet count. Platelets are a type of blood cell that are your body's first line of defense in forming a clot when injury and bleeding occur.
- **Mesna:** Mesna protects the body from the toxic effects of certain types of chemotherapies, especially those that target the kidneys and bladder. If any organ is irritated enough from chemotherapy, bleeding can occur. Mesna protects against such bleeding.

Not Enough Evidence

Although you may find that these techniques work for you, not enough studies have been done to show that they work to alleviate bleeding.

- Prohemostatic agents
 - Desmopressin (DDAVP, 1-desamino-8-D-arginine vasopressin)
 - Epsilon amino-caproic acid (EACA)
 - EACA together with tranexamic acid
 - Recombinant activated factor VII (rFVIIa)
 - Tranexamic acid alone
- Platelet growth factors
 - Recombinant interleukin-11
- Interventions to prevent or attenuate menstrual bleeding
- Interventions to manage hemorrhagic cystitis
 - Recombinant epidermal growth hormone for urothelial cytoprotection
 - Tetrachlorodecaoxygen anion complex IV solution/WF 10 for radiation-induced hemorrhagic cystitis and/or proctitis
- Procedures to attenuate bleeding
 - Endoscopic procedures
- Endovascular embolization procedures
 - Ultrasonic-activated surgical instruments

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(continued)

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Questions for Your Healthcare Provider

Always consult your healthcare provider before adding any new treatments or other interventions into your routine.

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