



Patient information: Your responsibility as an "index patient" in the event of a hereditary risk of thrombosis

What are thrombosis?

Thromboses are blood clots in the blood vessels that result from defective blood vessel functions (e.g. "varicose veins"), prolonged "pinching" of the vessels (long-distance flights) or from a defective coagulation system. Blood clots (thrombi) arise when the "soluble" coagulation factor fibrin (stimulated by other coagulation factors) "clumps" to form insoluble fibrin. The thromboses usually form in the thighs and lower legs. The so-called "open legs" can develop as long-term damage from frequent thromboses.

How does a pulmonary embolism develop?

If a blood clot comes off e.g. from a vein in the leg and is flushed into the lungs with the bloodstream, this creates an often life-threatening pulmonary embolism.

What are the risk factors??

Risk factors include varicose veins, hormone therapies (e.g. the pill), lack of exercise and obesity. While the risk of thrombosis increases with increasing age due to a lack of exercise, aging of the blood vessel system and other factors, in the case of congenital thrombophilia, thromboses often occur at an earlier age, usually before the age of 45. A tendency to thrombosis can also manifest itself through a tendency to miscarriages.

On the website <https://flexikon.doccheck.com/de/Thromboserisiko> the individual laboratory tests for thrombosis are explained to you.

Can a congenital thrombosis tendency be clarified with a blood test??

It is possible through laboratory tests to clarify the innate and (often) unknown risks.

It should be noted, however, that the examinations are very costly. Your family doctor can arrange such examinations at the expense of your health insurance company if you have suffered a thrombosis or embolism. You are therefore an "index patient". If you do not have a hereditary risk of thrombosis, you can save your relatives expensive examinations or reduce the costs to the factors that have been proven in your case.

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Test program

The basic diagnosis is:

- [APC-Resistenz bzw. Faktor-V-Leiden-Mutation](#)
- [Prothrombinmutation G20210A](#)
- [Antithrombin III](#)
- [Anti-Cardiolipin-Antikörper bzw. Lupus-Antikoagulans](#)
- [Plasminogen-Aktivator-Inhibitoren, kurz PAI](#)

Advanced parameters include: Protein C





- [Protein C](#)
- [Protein S](#)
- [Faktor VIII](#)
- [Homocystein im Serum bzw. MTHFR-Mutation](#)

**Bei wissenschaftlichen Fragen
wenden Sie sich bitte an SYNLAB:**

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Zeit für gute Vorsorge ...



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Taking hormones (especially in tablet form), being pregnant or movement restriction (being bedridden and traveling long distances by plane, bus or car) can increase the likelihood of thrombosis, embolism, miscarriage and stillbirth. This applies in particular to inherited tendencies, which can be clarified by blood and/or genetic tests. This involves a series of expensive examination parameters that are reimbursed by basic insurance.

If such events have occurred in your first or second degree family history, the affected person should have such examinations carried out as an "index patient" in order to be able to limit any necessary examination parameters for you.

This opens up the possibility of taking protective measures (thrombosis prophylaxis) in risky situations in order to avoid thrombosis, embolism, miscarriage and stillbirth.

If this is not possible for an index patient, I recommend that you have the test carried out with Pill Protect®.

So please let us know if:

1. you can or want to arrange for the clarification to be carried out by an affected relative (e.g. through the family doctor's practice); the treatment with hormones is currently at your own risk.
2. the clarification with an affected relative is not possible or not desired.

If the index patient is not clarified, whether:

1. you want the test with Pill Protect® (Blood test).
2. you do not want the test with Pill Protect®; the treatment with hormones is then at your own risk.

Date, signature