BLEEDING DISORDERS:
A PRIMARY CARE APPROACH

Susan Hawkins
Chatham University PA Program
HOW DO PATIENTS COME INTO THE OFFICE?

- Bruising
- Bleeding
- Fatigue
- Going for surgery – risk assessment/clearance
POSSIBLE PROBLEMS?

- Inherited disorder
- Acquired disorder
- Medication side effect
- Secondary to another disease Process
APPROACH: HISTORY
Platelets don’t work well
Not enough platelets
Not enough clotting factors
Clotting factors being blocked
OTHER ILLNESSES WITH BRUISING AS A FEATURE OF THE DISEASE

- Lupus
- Leukemia
APPROACH: PHYSICAL EXAMINATION
Initial Work-up

- initial laboratory evaluations should include a complete blood count with platelet count, peripheral blood smear, prothrombin time, and partial thromboplastin time
- Number of platelets (thrombocytopenia)
- MCV (megaloblastic anemia plus alcohol hx (Vit K def)
- Abnormally shaped platelets

PERIPHERAL SMEAR
PROTHROMBIN TIME (PT)
PARTIAL THROMBOPLASTIN TIME (PTT)
- Platelet Function Analyzer-100 (rather than bleeding time)
- mixing studies
- inhibitor assays,
Referral If the laboratory work-up does not diagnose a bleeding disorder, but there is still high suspicion based on personal and family history, the patient should be referred to a hematologist.
PRE-OP ASSESSMENT

- Bleeding studies abnormal – suggest delay of surgery
INHERITED DISORDERS

- Von Willibrand’s most common
Ballas M & Kraut E. Bleeding and Bruising: A Diagnostic Work-up
American Family Physician www.aafp.org/afp Volume 77, Number 8 ◆ April 15, 2008