**Prevention of thrombotic complications**

---

### Clexane Safety Lock†

The same Clexane, just in a different device

---

**CLEXANE PRE-FILLED SYRINGE WITHOUT SAFETY LOCK**

Will be replaced by:

**CLEXANE PRE-FILLED SYRINGE WITH SAFETY LOCK**

---

The injection procedure for Clexane Safety Lock remains the same until the syringe has been removed from the patient:†

1. **Remove syringe**
   - After injection, remove the needle from the patient by pulling it straight out, keeping your finger on the plunger.

2. **Activate safety lock**
   - Face the needle away from you and others. Activate the safety lock by firmly pushing the plunger. The protective sleeve will automatically cover the needle and you will hear an audible "click".

3. **Disposal**
   - Immediately dispose of the syringe in the nearest sharps container.

*Clexane Safety Lock has an automatic safety lock system.*

---

**PBS Information:** CLEXANE®. General Benefit Antithrombotic agent. Refer to PBS schedule for full information. CLEXANE® FORTE. This product is not listed on the PBS. CLEXANE® with Automatic Safety Lock System. This product is not listed on the PBS.

---

**Minimum Product Information Clexane® and Clexane® Forte (enoxaparin sodium).** INDICATIONS: Prevention of thrombotic-diabetic disorders of venous origin in orthopaedic and general surgery. Prophylaxis of venous thromboembolism in medical patients bedridden due to acute illness. Prevention of thrombosis in extracorporeal circulation during haemodialysis. Treatment of established DVT. Treatment of unstable angina and non-Q-wave MI, administered with aspirin. Treatment of acute ST-segment elevation myocardial infarction (STEMI) as an adjunct to thrombolytic treatment, including patients to be managed medically or with subsequent Percutaneous Coronary Intervention (PCI). DOSAGE AND ADMINISTRATION: Prophylaxis of Venous Thromboembolism in (a) high risk surgical patients 40mg/day SC, (b) moderate risk surgical patients 20mg/day SC Duration of Therapy: high to moderate risk prophylaxis continued 7-10 days or until risk of thromboembolism has diminished. Prolonged Thromboprophylaxis (hip replacement): 40mg/day SC for 30 days, Medical Patients: 40mg/day SC for 6-14 days. Haemodialysis: 0.5-1mg/kg into arterial line at session start (depending on risk of haemorrhage and vascular access), add 0.5-1mg/kg if needed. Treatment of DVT: 1.5mg/kg/day or 1mg/kg/12 hours SC Add warfarin within 72 hrs, when appropriate. Unstable angina and non-Q-wave MI: 1mg/kg/12 hrs SC with oral aspirin, for 2-8 days. STEMI: administered in conjunction with a fibrinolytic patients <75yrs a 30mg single IV bolus followed by 1mg/kg/12 hours SC (maximum 100mg for each of the first 2 SC doses only), patients >75yrs 0.75mg/kg/12 hrs SC (maximum 75mg for each of the first 2 SC doses only), for 8 days or until hospital discharge. Patients undergoing PCI: if last SC dose >18hrs before balloon inflation IV bolus of 0.5mg/kg should be administered. For IV injection, use graduated prefilled syringes; administer through an IV line and do not co-administer with other medications. Dose adjustment is required in patients with severe renal impairment (Ccr<30mL/min). CONTRAINDICATIONS: Allergy to Clexane®, heparin or its derivatives; acute bacterial endocarditis, high risk of uncontrolled haemorrhage, including major bleeding disorders, focal lesions, haemorrhagic stroke; active ulcerative conditions showing a tendency to haemorrhage (e.g. peptic ulcer, ulcerative colitis); thrombocytopenia; history of immune mediated heparin-induced thrombocytopenia (HIT) within the past 100 days or in the presence of chromium antibodies. PRECAUTIONS: Low molecular weight heparins are not interchangeable; do not administer IV. Use in the following conditions: haemorrhagic (bacterial endocarditis, congenital or acquired bleeding disorders, active ulcerative and angiodysplastic gastrointestinal disease, haemorrhagic stroke; or shortly after brain, spinal, or ophthalmological surgery, or in patients treated concurrently with platelet inhibitors); pregnancy; lactation; paediatrics: elderly (increased risk of bleeding complications at therapeutic doses possible); history of heparin-induced thrombocytopenia; gastrointestinal ulceration; hepatic insufficiency; bleeding diathesis; uncontrolled arterial hypertension; impaired haemostasis; recent neuro- or ophthalmologic surgery or ischemic stroke; recent (12-24 hours) spinal/spinal anaesthesia; diabetic retinopathy; renal impairment; low weight; obese patients (risk of thromboembolism); hyperkalaemia; transmural myocardial infarction; surgery, including major surgery (e.g. hip replacement); concomitant fibrinolytic therapy; pregnancy, haemodialysis; dogs; cats; rabbits; other species. Other agents affecting haemostasis: prosthetic heart valves; percutaneous coronary revascularisation procedures. ADVERSE REACTIONS: Haemorrhage including potentially fatal retroperitoneal or intracranial haemorrhage; wound haematoma; epistaxis; gastrointestinal haemorrhage; anaemia; thrombocytopenia; thrombocytosis; nausia; dizziness; peripheral oedema; fever; confusion; allergic reaction; urticaria; pruritus; erythema; increased liver enzymes; neurological symptoms after spinal anaesthesia or post operative indwelling catheter; injection site reactions (including haematoma, pain, inflammation, skin necrosis); osteoporosis; hyperlipidaemia; hyperkalaemia. Date of preparation: 16 July 2018.

---

**References:**
8. Clexane is a registered trademark of sanofi-aventis. SAANZ.ENO.16.01.0008(2) Date of preparation: August 2019. SM_SAN1025