Prevention of postoperative VTE in orthopaedic surgery

<table>
<thead>
<tr>
<th>Prefilled syringes</th>
<th>Dose per syringe</th>
<th>Pre-operative 50 anti-Xa IU/kg body weight†</th>
<th>Post-operative 75 anti-Xa IU/kg body weight†</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,500 anti-Xa IU</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3,500 anti-Xa IU</td>
<td>70 (60–80) kg</td>
<td>45 (35–55) kg</td>
<td></td>
</tr>
<tr>
<td>4,500 anti-Xa IU</td>
<td>90 (80–100) kg</td>
<td>60 (50–70) kg</td>
<td></td>
</tr>
</tbody>
</table>

*Please consult the Product monograph for complete dosing and administration information.

Recommended dose and dosage adjustment:

<table>
<thead>
<tr>
<th>Type of Surgery</th>
<th>Dose</th>
<th>Amount (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip Surgery</td>
<td>50 anti-Xa IU/kg given by SC injection two hours before surgery followed by 50 anti-Xa IU/kg once daily for 7-10 days OR 75 anti-Xa IU/kg, given post-operatively by SC injection once daily for 7-10 days.</td>
<td></td>
</tr>
<tr>
<td>Knee Surgery</td>
<td>75 anti-Xa IU/kg, given post-operatively by SC injection once daily for 7-10 days.</td>
<td></td>
</tr>
</tbody>
</table>

Recommended dose and dosage adjustment for VTE:

<table>
<thead>
<tr>
<th>Patient body weight</th>
<th>DVT/PE Recommended dose: 175 anti-Xa IU/kg SC once daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>(kg)</td>
<td>(lb)</td>
</tr>
<tr>
<td>8,000 anti-Xa IU/0.4mL</td>
<td>31 – 36</td>
</tr>
<tr>
<td>37 – 42</td>
<td>81 – 94</td>
</tr>
<tr>
<td>43 – 48</td>
<td>95 – 107</td>
</tr>
<tr>
<td>49 – 53</td>
<td>108 – 118</td>
</tr>
<tr>
<td>54 – 59</td>
<td>119 – 131</td>
</tr>
<tr>
<td>10,000 anti-Xa IU/0.5mL</td>
<td>60 – 65</td>
</tr>
<tr>
<td>66 – 70</td>
<td>145 – 155</td>
</tr>
<tr>
<td>71 – 76</td>
<td>156 – 168</td>
</tr>
<tr>
<td>77 – 82</td>
<td>169 – 181</td>
</tr>
<tr>
<td>14,000 anti-Xa IU/0.7mL</td>
<td>83 – 88</td>
</tr>
<tr>
<td>89 – 93</td>
<td>195 – 205</td>
</tr>
<tr>
<td>16,000 anti-Xa IU/0.8mL</td>
<td>94 – 99</td>
</tr>
<tr>
<td>100 – 105</td>
<td>219 – 231</td>
</tr>
</tbody>
</table>

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STORAGE AND STABILITY:
- Should be stored at room temperature (15 to 25°C)
- Should not be refrigerated

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*innohep® (tinzaparin sodium) is indicated for:
- The prevention of postoperative venous thromboembolism in patients undergoing orthopaedic surgery and in patients undergoing general surgery who are at high risk of developing postoperative venous thromboembolism.
- The prevention of clotting in indwelling intravenous lines for haemodialysis and extracorporeal circulation in patients without high bleeding risk.
- The treatment of deep vein thrombosis and/or pulmonary embolism.

For more information:
Please consult the Product Monograph at www.leo-pharma.ca/innohep_pm for important information relating to contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use. The Product Monograph is also available through our Medical Information department at 1-800-263-4218.