

## Haematology

# Preventing blood clots: Information for Inpatients

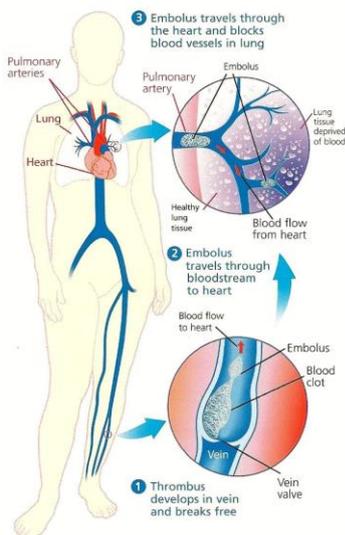
## How to reduce your risk of blood clots during your hospital stay

We often hear about the risk of Deep Venous Thrombosis (DVT) or Pulmonary Embolus (PE) while on long distance trips, but they are more common after admission to hospital.

This leaflet explains how to reduce your risk. If you have any questions please ask.

### What is a deep vein thrombosis (DVT)?

A DVT is a blood clot that forms in the deep veins of the leg. It can result in a red, painful swollen leg.



### How serious is this condition?

Symptoms generally ease over time for most people with treatment. However it can be more serious if either of the following complications arise:

- Swollen and painful leg - known as post-thrombotic syndrome
- Pulmonary Embolus (PE)

### What is a Pulmonary Embolus (PE)?

If the blood clot in the leg breaks off, it can travel around the body and may cause a blockage in a blood vessel going to a lung (PE). Depending on the size of the blockage, symptoms include chest pain, shortness of breath and coughing up blood and in the most severe cases can result in death.



## Patient Information

### **How will I know if I have a DVT or a PE?**

There are important signs that can help detect blood clots. Please tell your doctor or nurse if you develop any of the following while you are in hospital or in the 3 months after discharge:

- **DVT signs and symptoms:** usually only one leg is affected which becomes painful, swollen, hot and discoloured affecting either the whole leg or below the knee. Occasionally the leg veins become swollen and tender, with numbness or tingling on the overlying skin.
- **PE signs and symptoms:** new breathlessness without another apparent cause (e.g. chest infection), pain in the chest, back or ribs which is worse on breathing in deeply, coughing up blood.

We have specialised services for these conditions available in the hospital to ensure you can be diagnosed and treatment started as quickly as possible if we suspect you have a clot.

### **Who is at risk?**

There are many factors that increase your chance of DVT or PE including:

- Age over 60 years – the older you are the higher the risk;
- Acute medical illness (e.g. heart or lung disease, kidney disease, inflammation such as inflammatory bowel disease);
- Major surgery including hip or knee replacement;
- Immobility caused by major trauma, leg injuries, paralysis etc.;
- Personal or family history of DVT or PE;
- Active cancer;
- Obesity;
- Pregnancy and recent delivery;
- Contraceptive pill or some forms of Hormone Replacement Therapy (HRT);
- If you have a condition which causes a clot more easily.

### **What precautions will the hospital take to reduce my risk?**

When you are admitted to hospital you will undergo an assessment designed to assess your risk of developing a clot. Depending on the outcome of this, a number of measures will be taken to reduce your risk.

## Patient Information

This includes making sure you are not dehydrated and encouraging you to get out of bed as soon as possible. Inpatients admitted for a planned operation who are on the oral contraceptive pill may be advised to stop taking it for four weeks before admission.

For those at higher risk, additional methods include:

- Giving a daily injection of a blood thinner (heparin) during your stay, to be continued after discharge for certain patients (your team will indicate if this is required and if so for how long). The main side effect of this is bruising. If you experience any other adverse effects e.g. bleeding, it is important to tell your doctor or nurse (if discharged please contact the VTE Nurse Specialist (see below) during routine hours) or if this is severe contact your GP or nearest Accident & Emergency Department. Please be aware that this medication is derived from pigs.
- Tight stockings called Graduated Compression Stockings (or Anti-embolism stockings) or occasionally pumps which squeeze the legs intermittently.

It is important that both of these are continued for the total recommended time to ensure full benefit. If after discharge you have any concerns or queries the VTE Nurse Specialist can be contacted through the hospital switchboard.

If your risk is felt to be low it will not be necessary to start these treatments unless your condition changes. Once discharged from hospital the risk of having clots slowly falls. If you develop any of the symptoms described you should contact either your GP or go to your nearest Accident & Emergency Department.

### **How are DVT and PE treated?**

DVT and PE are usually treated with high doses of blood thinning medications. Standard therapy includes daily heparin injections given until blood thinning with warfarin tablets has been achieved (average 5-6 days), or a newer oral anticoagulant taken once or twice daily. Patients are then referred to the anticoagulation clinic for regular checks, if you are on warfarin, or for counselling if you are on a newer oral anticoagulant. You may be prescribed compression stockings to reduce leg swelling.

## Patient Information

Further information on anti-embolism stockings is also available – please ask for a copy.

**If you have any further concerns or queries regarding DVT/PE prevention after discharge please contact the VTE Nurse Specialist via the hospital switchboard 024 7696 4000 and ask for bleep 2953, or contact 024 7696 5508.**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5508 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

### Document History

Department	Haematology
Contact Tel No	024 7696 5508
Updated	June 2019
Review	June 2023
Version	6.2
Reference No	HIC/LFT/999/10