

Haematology

Advice for patients who have had a provoked DVT or PE

What is a DVT?

A deep vein thrombosis (DVT) is a blood clot that has formed in a deep vein, usually in the leg. It commonly starts in calf veins but can extend up into the thigh veins. It can also occur in deep veins elsewhere in the body. Deep veins are the larger veins that run through your muscles and carry blood towards the heart. These are not the veins you can see below the surface of your skin.

What is a PE?

A pulmonary embolism (PE) is a blood clot that has become stuck in the lung arteries. This usually happens when a blood clot moves through the larger veins, through the heart and then becomes stuck in the lung arteries.

Why did I have a DVT or PE?

You have been diagnosed with a provoked DVT/PE. 'Provoked' means there is a reason that led to your blood clot developing. Clots related to surgery are called provoked blood clots. Other common reasons for developing a DVT/PE are:

- Pregnancy
- Immobility - Lack of movement causes the flow of blood in the veins to slow down, increasing the risk of a blood clot forming.
- Going into hospital – A stay in hospital increases the risk of a DVT/PE.



Patient Information

A surgical operation can increase the risk also.

- Cancer – Cancer and its treatments can increase the risk of blood clots. Cancer patients may also have ‘sticky blood’ and may be less mobile.
- Oral contraceptive pill or hormone replacement therapy (HRT) - The combined oral contraceptive pill and HRT that contain oestrogen can increase the risk of a DVT/PE.

What is the treatment for a DVT or PE?

The most common treatment for a DVT or PE is a medicine called an anticoagulant taken for 3 months. This is usually with a tablet such as apixaban or rivaroxaban, or may also be with an injection called enoxaparin - the safest option if you are pregnant. Depending on your circumstances we may also use warfarin, edoxaban or dabigatran tablets to treat your DVT/PE.

Anticoagulants work by interrupting the process involved in the formation of blood clots. This means you are less likely to develop further blood clots.

Anticoagulants can sometimes have a side effect of making you bleed more easily. Therefore, take extra care when shaving, cleaning your teeth if you have sensitive gums, and when using sharp tools.

It is important that you understand that if you hit your head and are confused, have a headache or have changes in personality – signs of bleeding inside your head – you should attend A&E immediately. If you develop dark/black liquid stools (a sign of bleeding in the gut/intestines) you should attend A&E immediately.

For you, we have decided that the benefit of taking the anticoagulant outweighs the risk of bleeding.

It is very important that you remember to take your anticoagulant regularly and as prescribed. If you have questions about your medication, speak to your GP, a pharmacist, or contact the anticoagulation nurses. Before you start any new medication you can check the patient information leaflet that came with it.

What happens after my treatment is finished?

Once you have taken your 3 months of anticoagulation medication, your treatment is finished. If your blood clot was related to an operation or surgical procedure, you will not have any further appointments.

We do not rescan the site of the original clot, as a second scan does not change the treatment plan. If you have symptoms of a new blood clot, we will review you like with your first clot.

If you had a PE, then you will have a review in the pulmonary vascular disease (PVD) clinic to check your lung function.

How can I reduce the risk of a future DVT or PE?

- Avoid long periods of being immobile - for example sitting in a chair for several hours
- Get up and walk around regularly if you are sitting for long periods
- Take regular exercise
- Drink plenty of water
- When going on long trips on planes or trains or in the car, get up and walk around regularly and do calf exercises when sitting
- Keep a healthy weight

Your GP/practice nurse can advise you further regarding healthy weight and exercise.

What signs should I look out for if I think I have another DVT or PE?

Signs of a DVT:

- Pain and tenderness in the calf, sometimes with heat and swelling, and sometimes with skin discolouration.

Signs of a PE:

- Shortness of breath, chest pain which can be worse on breathing in and sudden collapse. You may also have the symptoms of a DVT.

If you have these signs, you should go to A&E.

What is post thrombotic syndrome (PTS)?

PTS is a collection of symptoms that can occur after a DVT/PE. They can mean that there has been some long term damage to the veins in your legs. The symptoms happen because an increase of pressure on your vein walls can damage the valves in your veins that keep the blood flowing up the leg. PTS can develop up to 2 years after your DVT/PE.

Signs of PTS include:

- Redness, discolouration or hardness of the skin of your leg
- Aching or cramping in your leg
- Itching, tingling or pins and needles in your leg
- Swelling in your leg that may go up and down
- Easy to see veins close to the surface of the skin (varicose veins)
- Venous ulcers

These signs can be similar to that of a new DVT. Please contact the anticoagulation clinic if you have any concerns.

There are no medicines that have been shown to be of benefit in treating PTS other than using painkillers to help ease the pain.

Patient Information

Treatment options that may help include:

- sitting with your leg raised
- wearing grade-2 compression stockings
- doing regular exercise
- losing weight
- taking pain killers
- caring for the wound regularly if you have a venous ulcer

Frequently asked questions

I've noticed my periods are much heavier since starting my anticoagulant. What should I do?

- Please contact the anticoagulant clinic where one of the nurses will be able to advise you.

I want to go on holiday and it involves a flight. Can I do this?

- If your DVT/PE was less than 2 weeks ago, please contact the anticoagulation clinic for advice.
- If your DVT/PE was over 2 weeks ago and you are taking your anticoagulant as prescribed, you are at very low risk of developing a further DVT/PE and you can fly.

What precautions should I take when travelling long haul?

- Walk around regularly – at least every 2-3 hours.
- Choose an aisle seat if you can
- Perform calf muscle exercises often
- Wear clothing that is loose and comfortable
- Do not use tranquilisers or sleeping tablets
- Stay hydrated (drink 250mL every 2 hours) and minimise alcohol consumption

Patient Information

Do I need to be treated differently if I have an operation or medical procedure in the future?

- If you had a DVT/PE after surgery on this occasion, we may make recommendations for you to have additional preventative medication in the future. Please contact the anticoagulation clinic for advice if you are having another procedure.

Do I need to do anything if I become pregnant in the future?

- Please ensure you tell your midwife that you have had a DVT/PE and they will make sure you are assessed for risk of DVT/PE during your pregnancy.

The anticoagulation clinic nurses can be contacted on 024 7696 5533.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact Anticoagulation clinic nurses can be contacted on 02476 965533 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

Department:	Haematology
Contact:	25520
Updated:	February 2023
Review:	February 2025
Version:	2
Reference:	HIC/LFT/2513/20