

Haematology

Anti-embolism stockings

Why do I need to wear anti-embolism stockings?

Whilst you are in hospital, and/or less active than usual, you may spend more time in bed or resting in a chair which means that you will not use the muscles in your legs as much as usual.

This results in reduced blood flow in your leg veins which increases the possibility that a blood clot (a thrombosis) may form in your deep leg veins. Veins are the blood vessels which carry the blood towards the heart.

Deep vein thrombosis is a serious condition. One of the ways to prevent a deep vein thrombosis, commonly called a DVT, is to wear anti-embolic stockings during your period of immobility.

The stockings are made of firm elastic which gently squeezes your legs and feet, to increase the blood flow in your leg veins and therefore reduce clot formation.

Risks of DVT

Your risk of developing a DVT will be even higher if:

- You or a member of your family has had a blood clot before.
- You have cancer.
- You have longstanding problems with your heart or lungs.
- You are on the contraceptive pill or HRT.
- You have inflamed varicose veins (phlebitis).



Patient Information

- You have a body mass index (BMI) of 30 or more.
- You take a journey of more than three hours in the four weeks before or after your stay in hospital (for example, on an aeroplane or train).
- You are over 60.
- You have a disorder which makes your blood more likely to clot.
- You smoke
- You are pregnant

Signs and symptoms of DVT

Typical leg symptoms usually occur in one leg, particularly at the back of the knee. Symptoms include:

- swelling
- pain and tenderness
- a red warm area

Pulmonary embolism

Occasionally, if a clot forms in your leg, part of it can break off into the bloodstream where it can travel upwards through the veins to your lungs, where it will cause a blockage or pulmonary embolism (PE). This is a very serious situation, which can be fatal.

Signs and symptoms of PE

- chest pain
- sudden onset shortness of breath
- fast heart rate
- coughing – bringing up blood

Other conditions can also produce similar symptoms to those mentioned above.

If you are concerned that you are suffering any of these symptoms, you should consult a doctor or nurse immediately.

Patient Information

How are stockings fitted?

Your nurse will measure your legs to decide the stocking size you need. You may be given either knee length or thigh length stockings.

Knee length

Measurements will be taken around the widest part of your calf and from the bottom of your heel to behind your knee.

Thigh length

Measurements will be taken from around your upper thigh, around the widest part of your calf and from the bottom of your heel to your buttock fold.

If your stockings are not fitted correctly, they will not provide the correct amount of compression and will not have the desired effect in preventing clot formation.

If you find your stockings are not staying in place, please speak to a registered nurse to get the size checked.

How do you put stockings on?

- Put your hand into the stocking as far as the heel.
- Hold the heel and turn the stocking inside out as far as possible.
- Place foot and heel inside the opening. The centre of your heel should be over the heel pocket of the stocking and the inspection hole on the underside of your foot.
- Ease stocking up over leg.
- If your stocking has a gusset, ensure this is placed on the inside of the leg.

You must wear your stockings during the day and night.

Patient Information

Important points about wearing anti-embolic stockings

- Do not roll your stockings down - this will alter their performance and may constrict blood flow and can cause pressure ulcers (sometimes known as pressure sores or bed sores)
- Your stockings should be removed once daily to allow skin to be checked and washed. When they are removed on the ward, staff will check your skin for any discolouration or soreness. If you are at home, you or a carer should perform this check. Stockings can also be changed if they are soiled.
- Avoid the use of oil-based creams/ointments and lanolin on your skin as this can adversely affect the stockings' elastic fibres - water based cream/ointments can be used as this will help to hydrate the skin whilst wearing the stockings. Ward staff can advise you on the most suitable cream to use.
- If you have any discolouration or rash to your skin or feel any soreness, numbness, pins and needles or pain in your feet or legs, please speak to a registered nurse or doctor right away.

This may be a sign that your stockings are too tight or not suitable and you may need alternative treatment to prevent blood clots.

If you have any concerns whilst wearing stockings, please speak immediately to a registered nurse or the medical team in charge of your care.

Discharge information

You may still be at risk of developing a clot after your discharge from hospital if your mobility continues to be reduced or you have other risk factors. You may be told to continue to wear your stockings at home.

Please remember to:

- Change your stockings every 2-3 days (or more frequently if soiled).
- Wash stockings by hand or in a machine at no more than 40°C. Do not use bleach.
- Spin and air dry, do not tumble dry as this damages the elastic. Do not put the stockings on until they are completely dry.
- Stockings may be washed up to 30 times before they should be discarded.

Care of stockings and replacement

Special instructions

.....
.....
.....

Type of stockings (make and length)

.....
.....

Size.....

Continue to wear stockings until

.....
.....

Further information or queries

If you have any further queries while you are an in-patient, please ask the ward staff.

Following discharge if you have any concerns remove the stockings and please contact your GP surgery.

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact the Ward that you are on, and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Patient Information

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:	25508
Updated:	May 2023
Review:	May 2025
Version:	7
Reference:	HIC/LFT/1009/10