

Blood Clots and Deep Vein Thrombosis



Information for patients and service users

Preface

This leaflet is about the care and treatment of people who may have a blood clot (deep vein thrombosis or DVT). It is written for patients who are either at risk of developing a blood clot or have a blood clot, and is also useful for their families or carers.

This leaflet aims to help you understand the care and treatment options that are available at Weston General Hospital. It does not describe blood clots or the tests or treatments for them in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this leaflet to help you with this.

What is a blood clot or deep vein thrombosis?

A deep vein thrombosis (DVT) is a blood clot that forms in a vein (usually in the leg) or another part of the body. When you are inactive for a period of time, blood tends to collect in the lower parts of your body, often in the lower leg. This makes your blood move around more slowly, which can form a blood clot (also known as a thrombus).

Blood clots are more common in people who are immobile. They may also occur in people who are unable to move around as much as normal because of illness such as a stay in hospital.

People having an operation are at risk of blood clots because they are inactive during and after the operation, and because of damage caused to their veins during the operation. A blood clot may develop in the body at any time during or after an operation.

Blood clots may also form in limbs (especially the legs) that are immobilised, such as being in plaster following a fracture.

When a clot forms in one of the 'deep veins' in your leg, thigh, pelvis or arm it is known as a deep vein thrombosis (DVT). The blood clot may partially or completely block the blood flow in a vein. In a leg or arm this may cause a variable amount of warmth, redness, tenderness or swelling. Sometimes a DVT can form without causing any of these symptoms.

Why are blood clots (DVTs) a risk?

The blood clot itself is not life threatening, but if it comes loose it can be carried in your blood to another part of your body where it can cause problems. If the clot travels to the lungs it is called a pulmonary embolus (PE). Although a small PE may not cause any symptoms, a larger PE can cause breathing problems, chest pain or coughing up blood. A large PE can cause sudden collapse and death.

DVT and PE are conditions known as venous thromboembolism (VTE).

Even if a blood clot does not come loose, it can still cause long-term damage to your veins. This damage may give rise to persistent swelling, ache, skin irritation, skin colour changes and chronic ulcers in the leg. These symptoms are known as the post-phlebitic syndrome.

How common is DVT?

Each year, 1 in every 1,000 people in the UK is affected by DVT.

Risk factors

Surgery can increase the risk of developing a DVT. The risk varies a great deal between different surgical procedures and different people. Minor day case surgery procedures in healthy patients, for example, carries very little risk.

Immobility from a medical illness and immobility such as a limb in a plaster cast will also increase the risk of developing a DVT.

Your risk of developing a blood clot will be assessed when you are first admitted to hospital. This assessment will be carried out by your healthcare professional who will note which risk factors apply to you.

Reducing the risk of blood clots in hospital

In order to reduce your risk of developing a blood clot, your healthcare professional will encourage you to mobilise early and frequently during your stay. They will also make sure that you do not become dehydrated which will help reduce further your risk of developing a blood clot.

There are two main specific ways of reducing your chances of developing a blood clot:

- Using devices that help stop the blood collecting in your leg veins.
- Using medicines that reduce the risk of blood clotting.

Stopping the blood collecting in your leg veins

There are two types of devices that can reduce your risk of developing a blood clot: compression stockings or

inflatable compression devices. Depending on your risk assessment you may be offered compression stockings, inflatable compression devices or both. These devices work by encouraging your blood to circulate around your body.

Compression stockings

Compression stockings are tight stockings that are especially designed to reduce the risk of developing blood clots. The stockings squeeze your feet and legs, helping your blood to move around your body more quickly. Your healthcare professional should show you how to wear them correctly. It is important to wear the stockings as much as possible until you are back to your usual level of activity.

Inflatable compression devices

These go around your legs and inflate automatically, at regular intervals. They apply pressure which keeps your blood moving around your body.

Medicines that reduce the risk of blood clots

Depending on your risk factors (and type of operation if you are having surgery), your healthcare professional may also offer you medicine to reduce the risk of a blood clot developing during your stay. This is commonly administered as an injection of a drug known as

fractionated heparin that is given once each day. This drug is an anticoagulant which means that it helps prevent your blood clotting.

It is important that these medicines are not used if you are at risk of bleeding. This will be considered by your healthcare professional when your risk of developing a blood clot is assessed at the time of your admission to hospital.

After your hospital stay or operation

You may still be at risk of developing a blood clot in the days and weeks after your discharge from hospital. For surgical patients the risk may continue until you have recovered from surgery and you are back to your usual level of activity. Similarly for patients with plaster casts, the risk may continue until you have full use of the limb.

In the case of surgical patients your healthcare professional should encourage you to move about as soon as possible after your operation to avoid getting a blood clot. If you cannot move around, leg exercises should be arranged for you.

It is important that you follow the instructions given to you by your healthcare professional to reduce the risk of blood clots. This might include wearing compression stockings until you are back to your usual level of activity, or, very occasionally, continuing to take your anticoagulant medicine for several weeks after discharge.

You should avoid long periods of travel for four weeks after an operation to reduce your chances of developing a blood clot.

How to tell if you have a blood clot

There are certain signs to look out for that could mean you have a blood clot. These signs include:

- You have pain or swelling in your leg (or arm).
- The skin is hot or discoloured - red, purple or blue (other than bruising around the operation site in the case of surgical patients).
- Your feet/hands are numb or tingling.
- The veins near the surface appear larger than normal (or you notice them more).
- You become short of breath.
- You feel pain in your chest, back of ribs which gets worse when you breathe in deeply.
- You cough up blood.

You should contact a healthcare professional (your GP or hospital clinical team) immediately if you experience any of the above.

What happens if a DVT or PE develops?

An assessment using blood tests and a scan may be made by the medical team. If the tests are positive, anticoagulation treatment with heparin and warfarin may be given to prevent further clot formation and allow the DVT or PE to break down.

Your care

Your treatment and care should take into account your personal needs and preference. You have the right to be fully informed and to make decisions in partnership with your healthcare team.

To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain blood clots and the ways of reducing the risk of developing them simply and clearly.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments.

You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change.

Your own preference is important and your healthcare team should support your choice wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in asking for what you want) if needed.

If you agree, your carers and relatives should have the chance to be involved in decisions about your care. Carers and relatives also have the right to any information and support they need in their roles as carers.

If people are unable to understand a particular issue or are not able to make decisions for themselves, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website (www.dh.gov.uk) and searching for information on 'consent' and 'capacity'.

More information

The organisations below can provide more information and support for people at risk of developing blood clots.

Anticoagulation Europe - 020 9289 6875
www.anticoagulationeurope.org

British Heart Foundation - 08450 708070
www.bhf.org.uk

Lifeblood: The Thrombosis Charity - 01406 381017
www.thrombosis-charity.org.uk

NHS Choices:
www.nhs.uk/conditions/deep-vein-thrombosis

Help us prevent the spread of infection in hospital.

Please make sure your hands are clean. Wash and dry them thoroughly and/or use the gel provided.

If you have been unwell in the last 48 hours please consider whether your visit is essential.

If you need this leaflet in a language other than English, or would like to receive this information in large print, Braille or audio, please contact the Patient Advice and Liaison Service (PALS) on 01934 647216.



Weston General Hospital
Grange Road
Uphill
Weston-super-Mare
BS23 4TQ



Telephone: 01934 636363



Website: www.waht.nhs.net



Twitter: @WestonNHS

For details on how to contact us via email, please visit our website.

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