



The Dudley Group
NHS Foundation Trust

Preventing blood clots in hospital

Anticoagulation Department
Patient Information Leaflet

Introduction

This leaflet is about a condition called venous thromboembolism (VTE). It gives information on what VTE is, what causes it, how it is treated and what can be done to help reduce the risk of getting it.

What is a venous thromboembolism (VTE)?

It is a term for both 'deep vein thrombosis' (DVT) and 'pulmonary embolism' (PE).

Deep vein thrombosis (DVT)

A DVT is a blood clot in the deep veins. This is most commonly in the lower limbs but can occur in any deep vein.

Pulmonary embolism (PE)

A PE is when all or part of the DVT breaks off, travels through the body and blocks the blood vessels to the lungs. This is potentially life threatening. You can have a PE without experiencing signs and symptoms of a DVT.

What causes a VTE?

One of the most recognised risk factors is admission to hospital. Because of this, you will have an assessment of your individual VTE risk on admission. This will be reviewed throughout your hospital stay as required.

What are the signs and symptoms of VTE?

- Swelling, usually in one leg.
- Tenderness of the leg muscles, often the calf muscles.
- Reddish or bluish skin discoloration.
- A leg that is warm to touch.
- Sudden shortness of breath.
- Chest pain that is sharp or stabbing and that may get worse when breathing in.
- Rapid heart rate.
- Unexplained cough, sometimes with bloody mucus.

Risk assessment for VTE

Who will be risk assessed?

All adult patients admitted to hospital including patients having certain day case procedures (procedures where you will only be in hospital for the day) will have a VTE risk assessment.

When will I be risk assessed?

A member of the clinical team will carry out your risk assessment when you are admitted to hospital. This will be reviewed within 24 hours of admission and whenever your clinical condition changes.

If you are having a planned operation, the risk assessment is sometimes carried out during your pre-assessment visit. In this case, you will be checked for any changes on the day of admission.

How will I be risk assessed?

The clinician will complete an assessment based on your medical condition. Other factors such as age, weight and previous personal or family history of VTE are included in this assessment.

If you are considered to be at risk of VTE, you will be given treatment to try and prevent it.

If I need preventative treatment, what will it be?

Anticoagulants (blood thinners): most patients at risk will be prescribed a small dose of an anticoagulant. The most commonly used one is heparin which is a small injection given in the skin over the tummy. Not all patients will be given heparin.

Anti-embolism stockings: if suitable, you will be measured and fitted with these. It is very important to wear them as instructed and ensure that they are taken off at least once a day so that your skin can be washed and inspected. Most people who require stockings will have had surgery.

Intermittent pneumatic compression: Intermittent pneumatic compression (IPC) devices are used to help prevent blood clots in the deep veins of the legs. These devices use cuffs around the legs that inflate and deflate, squeezing your legs. This increases blood flow through the veins of your legs and helps prevent blood clots. Most people who require IPC will have had surgery or a stroke.

Before any of these treatments are prescribed, the clinician will check if there are any reasons why you should not have them.

What can I do to help reduce my risk of VTE?

There is a lot that you can do yourself to reduce your risk of developing VTE:

- When you are able to drink, ensure you drink plenty to keep hydrated.
- Keep moving and walk as soon as you are advised to.
- Ask your doctor or nurse “What is being done to reduce my risk of blood clots?”

What happens when I leave hospital?

For some people, it may be necessary for treatment to carry on after you leave hospital. If this is the case, this will be explained to you.

If you develop any signs and symptoms of VTE at home, please seek medical advice immediately, either from the ward that discharged you, your GP or your nearest hospital emergency department.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact the ward or department where you were treated.

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/haematology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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