



Patient Information

Preventing Blood Clots

This leaflet explains about the risk of developing blood clots; deep vein thrombosis (DVT) and pulmonary embolism (PE) whilst you are in hospital, and how we can reduce this risk. It has been written for patients who are being admitted to hospital for an operation, for women who are admitted during pregnancy and following delivery and for patients who are admitted as an emergency.

It does not replace explanations and information given to you by our staff but we hope you will find it a helpful guide to use before, during and after your stay in hospital. If you have any questions or need any further information please do not hesitate to ask.

What are deep vein thrombosis and pulmonary embolism?

Deep vein thrombosis (DVT) is a blood clot inside a deep vein that blocks the flow of blood. Symptoms can be:

- Swelling of the affected leg
- Pain in the affected leg which may only be noticeable, or get worse when standing or walking
- Reddening of the affected leg

Pulmonary embolism (PE): is a potentially fatal complication where the blood clot breaks loose and travels to the lungs. Symptoms can be:

- Chest or shoulder pain
- Shortness of breath
- Cough with blood streaked mucus

The risk of DVT increases if a person is not as mobile as they would normally be. This means that if you are unwell and confined to bed and/or recovering from major surgery you are at a higher risk than normal of developing DVT. Other factors may increase your risk as well, including if you are aged over 60 years, have a history of DVT or PE in the past, either personally or in your family; conditions such as heart failure or cancer; and the use of some types of contraceptive pill and hormone replacement therapy (HRT).



Preventing Blood Clots

What can I do to reduce the risk of developing DVT and PE?

Before I come into hospital

- **Keep mobile** – move around as much as possible in the weeks leading up to your surgery.
- **Take care on journeys** – if you can, avoid long uninterrupted journeys of over three hours in the month before your surgery. If you do need to travel on long journeys, try to move your legs regularly. If travelling by car, have a break and walk around every one to two hours.
- **Talk to your doctor** - if you are taking the contraceptive pill or HRT – these medications may increase your risk of DVT and so your doctor may advise you stop taking them in the weeks leading up to your surgery.

When I am in hospital

Your clinical team will assess your risk of DVT and will discuss with you what can be done to reduce the risk.

It is difficult to predict whether you will have a blood clot so simple treatment to prevent a blood clot developing in the first place is now regarded as the best and most cost effective medical practice. You will have a risk assessment performed to assess your risk for DVT and you will be provided with information regarding the choice of treatment for preventing a DVT.

- **Mobilising** (moving around) as soon as possible after surgery is important and in many cases will be the only measure you need to take to reduce your risk of DVT.
- **Special stockings** have been shown to reduce the risk of DVT in some situations. These are called anti-embolism stockings, or AES. If you have been given support stockings to wear it is important that you continue to wear them, day and night, until you are fully mobile (at least 24-48 hours). The stockings should be removed for a short time daily to wash the feet and legs. You may also hand wash the stockings but do not dry them by direct heat (radiator or tumble dryer).
- **Medication:** if we think that you are at moderate or high risk of DVT and PE, then we may give you some medication which stops the blood from clotting too quickly. This is called anticoagulant medication. The drug we normally prescribe is usually a low molecular weight heparin which is given by an injection under the skin once a day and you can be taught to administer this yourself. In some cases a tablet can be given.



Preventing Blood Clots

- If you are already taking anticoagulant medications such as warfarin then we will only prescribe these other drugs if you have to stop taking your warfarin for any reason.
- Some people who are having hip or knee replacements may be treated with **aspirin** tablets for a specified number of days.

If you are unable to have heparin injections or blood thinning tablets (because of an allergy, a medical condition or the type of surgery you are having), you may be asked to wear a special type of compression stocking or use some other form of prevention.

Are there any side effects associated with anticoagulant medication?

Low molecular weight heparin is generally very well tolerated. Studies have shown that it doesn't significantly increase the risk of bleeding, but we do need to adjust the timing of injections around the time of your operation, particularly if you might have a spinal or epidural anaesthetic. You may get a small bruise at the site of the injections.

Very occasionally patients can develop an allergic reaction to the heparin injections which can be associated with a fall in cells called platelets in the blood. Platelets help the blood to clot so you need a certain amount of them.

All anticoagulants have the potential for increasing the risk of bleeding. **If you experience any bleeding you must seek urgent medical advice from your GP or hospital.**

After I go home

Your clinical team will decide with you when to stop any anticoagulant treatment you have been taking. Some patients will need to continue taking anticoagulant medication once they have gone home but we will discuss this with you before you are discharged from hospital. Remember to keep as active as you can as being immobile increases the risk of developing blood clots.

If you travel for more than three hours at one time in the month after your surgery, your risk of a blood clot forming will be higher. If you have had major joint replacement surgery, the risk is present for up to three months, particularly for long haul flights over four hours. Please let your doctor know if you plan to travel soon after your surgery.



Preventing Blood Clots

What are the possible symptoms of a blood clot and what should I do if I have them?

If you have any of the following symptoms, seek medical advice either from your GP, the hospital or by dialling 111:

- Unexplained pain or swelling in your legs, especially in one leg more than the other
- Chest pain
- Breathlessness
- A painful cough

If you are diagnosed with a DVT or PE, there are very effective anticoagulant medications which are available to treat these conditions.

Who can I contact for more information?

If you would like any more information, please ask a member of the team caring for you or you can contact:

VTE Specialist Nurse

Email: gwh.anticoag.clinic@nhs.net

For more information on DVT and PE and preventing them, log onto:
Lifeblood – www.thrombosis-charity.org.uk

References

Pfizer Limited. Summary of Product Characteristics for Dalteparin 5000 units solution for injection. Last updated on the eMC 9.10.2020. Accessed via www.medicines.org on 1.2.2021

David Keeling, R Campbell Tait, Henry Watson on behalf of the British Committee of Standards for Haematology. Perioperative Management of Anticoagulation and Antiplatelet Therapy. British Journal of Haematology. 2016. Volume 175, Issue 4; 602–613
Accessed via www.b-s-h.org.uk/guidelines on 1.2.2021

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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