



Patient Information

Stopping anticoagulants after having had a blood clot

Once you have had one episode of a blood clot – deep vein thrombosis (DVT) or pulmonary embolism (PE) you are at a slightly higher chance of getting another blood clot so it is important you do everything you can to help avoid this.

Reducing the risk in everyday living: Increasing age (especially once you are over 50) increases the risk of recurrence of blood clots. Keeping yourself active and fit will help reduce the risk. So keep active, stop smoking and maintain a healthy weight.

Looking after your legs: Try and avoid your skin becoming too dry by moisturising your legs to help keep the skin supple. Regular exercise keeps the blood circulating around your legs and helps to prevent further episodes of blood clots.

Travel: Any prolonged immobility is a risk factor for blood clots so long journeys need to be planned carefully to allow frequent stops around every two hours to stretch your legs. This includes car and coach journeys.

Flying can possibly increase your risk of a blood clot. Only flights longer than six hours pose a risk but, if you have had a blood clot before, it is sensible to wear flight socks for any flight and keep as mobile as you can by walking around frequently or keep your calf muscles exercised by regularly flexing your ankles whilst seated.

Avoid taking sleeping tablets. Keep well hydrated by drinking plenty of water but avoid alcohol or caffeine containing drinks as these can dehydrate you.

If your previous blood clot was related to a flight you possibly may need a heparin injection given before you fly to prevent blood clots on subsequent flights. If you think this applies to you please contact either your GP or the Anticoagulant Clinic on 01793 604051 for advice before flying.

Prevention of DVT in hospital: Immobility increases the risk of blood clots so any admission to hospital where your normal level of activity is reduced will increase your risk of DVT or PE. On admission to hospital your individual risk will be assessed and you will be given appropriate prevention which may include a daily dose of heparin or compression stockings.

You must mention when you come into hospital that you have had a DVT or PE in the past.



Stopping anticoagulants after having had a blood clot

Surgery increases the risk of blood clots as well so it is important that you let the doctor and nurses know that you have had a DVT or PE in the past so that adequate measures can be taken to prevent further blood clots. You may need to continue DVT prevention treatment at home after discharge. This will depend on the type of surgery you have had as some operations such as hip or knee surgery or major abdominal surgery are higher risk than others. Fractures to the lower leg where you require plaster of Paris are also known to increase risk.

Your family and inherited risk factors: Family members need to be aware that you have had a blood clot as it has been shown that first degree relatives (your children, siblings and parents) will also have an increased risk of blood clots if you have experienced one. They should make doctors aware that a first degree relative has had a blood clot to ensure they get appropriate prevention in the future.

This is especially important for female relatives of child bearing age as pregnancy is also a risk factor for blood clots. The use of oestrogen containing contraceptives and hormone replacement therapy (HRT) is not advised in families of people who have histories of blood clots. Your own GP can assess this individually and decide the best plan for family members.

A blood test called a "thrombophilia screen" can sometimes be helpful in determining your future risk of having a blood clot and this test is only requested by a Haematologist when necessary.

Recurrent blood clots: Men are more likely than women to have another episode of clotting and especially men over 50 so it is important if you are in this category that you do all you can to reduce your risks.

If you do experience repeated episodes of blood clots without a cause you may be recommended to take anticoagulation long term.

Further information: If you want more information about reducing risk and other general information about clotting or inherited risks go to www.thrombosis-charity.org.co.uk

NHS Blood Clots: <https://www.nhs.uk/conditions/blood-clots/>

NHS Quit Smoking: <https://www.nhs.uk/live-well/quit-smoking/>

Contact us: Anticoagulant Clinic Tel: 01793 604051 or gwh.anticoag.clinic@nhs.net

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

Document Control

Division: Integrated & Community Care
Department: Anticoagulation and VTE
Approved Date: 17 March 2021
Next Review Date: April 2024
Document Number: I&CC - PIL036