

Signs to look out for that may mean you have developed a DVT/PE.

If you experience any of the following in the days or weeks after your hospital treatment, it is important to seek medical help immediately. Either phone NHS direct or 999 for an emergency ambulance.

- You have pain or swelling in your leg.
- The skin on your leg feels hot or is discoloured (red, purple or blue), other than bruising around the area where you have had an operation.
- The veins near the surface of your legs appear larger than normal or you notice them more.
- You become short of breath.
- You feel pain in your chest or upper back.
- You cough up blood.

For further information visit:

The National Alliance for Thrombosis and Thrombocytophilia website: www.stoptheclot.org

The National Institute for Health and Clinical Excellence (NICE) website: www.nice.org.uk

The National Institute for Health and Clinical Excellence (NICE) **Reducing the risk of deep vein thrombosis (DVT) for patients in hospital 'Understanding NICE Guidance'** booklet

www.nhsdirect.nhs.uk or www.lhch.nhs.uk

If you require a copy of this leaflet in any other format or language please contact us quoting the leaflet code and the language or format you require.

إذا لديك الرغبة في الحصول على نسخة من هذه المعلومات بأحد اللغات الأخرى أو بشكل آخر (على سبيل المثال بخطوط كبيرة) ، الرجاء الاتصال علينا على الرقم 0151 600 1257 موضحا الشكل أو اللغة التي ترغب فيها.
如果您想索取一份以其他語文或形式 (如大字體) 編印成的資料傳單，請致電 0151 600 1257 向我們查詢，並說明您所需要的形式和語文。
ئەگەر تەم زانیاریات بەھەر زمانیکی ئەر یاخود شیۆزیتیکی ئەر دەتووت (بۇ نموونە بە چاپی گەرە)، ئاوا تەگایە بە زماڤەر تەخەفۆنی 0151 600 1257 پەتوونەنەیان پەتو بەکە و ئامارە بەد بەر زمانەي یاخود شیۆمیەي کە دەتووت.
W celu uzyskania niniejszej informacji w innym języku lub formacie (np. dużym drukiem), prosimy o kontakt z nami pod numerem 0151 600 1257 podając wymagany format lub język.
Haddii aad u baahan tahay koobiga wargelintan oo luqad ama qaab kale (sida far waaweyn) fadlan nagala soo xiriir 0151 600 1257 adiga oo noo sheegaya luqadda ama qaabka aad wax ku rabtid.

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Information for Patients

Thromboembolism



Blocking of a blood vessel by a clot

This leaflet has been written to provide information about the prevention of developing Deep Vein Thrombosis (DVT) whilst in hospital.

We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with medical or nursing staff.

What is a Deep Vein Thrombosis (DVT)?

Thromboembolism can be described as the blocking of a blood vessel by a clot that has moved from its original site. Most clots (thrombi) occur in the deep veins of your legs; this is called Deep Vein Thrombosis (DVT). Dislodged clots (thrombi) can travel to your lungs and this is called Pulmonary Embolism (PE).

Risks and possible consequences of developing a DVT

DVT is more likely to happen when you are unwell and inactive or less active than usual. When you are unwell your blood may become temporarily "sticky" and flow more slowly. If you are inactive or less active than usual it is more likely that a blood clot will form inside a vein. Some people have certain risk factors that make them more likely to develop a DVT.

The development of clots can cause long-term damage to your veins, may cause serious complications and in some cases may even be fatal. In most cases however, DVT can usually be prevented.

On admission to hospital, you will be assessed for your risk of developing a DVT. If you are at risk, before being offered a drug to help prevent DVT, you will be assessed to see whether bleeding might be a problem during your hospital treatment. This is because the drug you may be prescribed to thin your blood may increase your risk of developing temporary bleeding problems.

Following this assessment you may be offered preventative treatment.

How is the preventative treatment given?

- **Anticoagulant drugs** – these thin the blood and help to stop blood clots forming.
- **Daily heparin injections** - this is a tiny amount of anti-clotting medication given through a small needle and is injected under your skin.
- As with any injection you may experience slight discomfort or pain when this is given.
- **Anti-embolism stockings** - these are elasticated stockings that improve the blood flow in your legs. Your legs will need to be measured to make sure that they fit correctly.
- You may be offered treatment suitable to you according to the outcome of your risk assessment.

Is there anything else that I can do?

- If you are prescribed stockings ensure you are wearing them correctly at all times.
- Stay as mobile as your condition or pain control allows
- If you are confined to bed you will be encouraged to do leg exercises.
- It is important you do not become dehydrated, so drink fluids regularly or as directed by the nursing staff.

If you experience any pain or discomfort you should inform the staff.

How long does the treatment take?

Sometimes treatment will continue for a period after discharge home. You may be asked to continue wearing your stockings for a number of weeks after your surgery or a period of prolonged immobility. Your doctor or nurse will be able to give you advice about this.

What are the benefits of having the treatment?

By having treatment you can reduce your risks of developing a deep vein thrombosis or pulmonary embolus.

What are the risks of the treatment?

Your individual risks will be discussed with you in more detail prior to you receiving any treatment.

Some of the general risks associated with the treatments are outlined below; some patients however may have a greater risk of some or all of the complications but this will be discussed with you.

The use of injections is common and most people do not have any problems. However like many medications it may sometimes cause side effects. The most common of these include pain, skin rashes and/or minor bruising at the site of your injection.

There are not many risks associated with wearing appropriately fitted stockings. However, you should not wear anti-embolism stockings if you have dermatitis, gangrene, leg ulcers, cellulitis, known allergies to stockings, gout, recent skin grafts, peripheral neuropathy, peripheral vascular disease or leg oedema.

What alternatives do I have?

Your doctor will be happy to discuss if there are any alternative treatments that are applicable to you.

What can I expect after the procedure?

The nursing staff, doctors, pharmacists, and other staff will be happy to help and give you advice during your stay in hospital.

You may be asked to continue wearing your stockings for a number of weeks after your surgery or prolonged immobility. Your stockings can be washed up to 30 times.

Patients undergoing thoracic surgery do not usually leave the hospital wearing their anti-embolism stockings. Cardiac surgical patients may be asked to wear their anti-embolic stockings for up to 6 weeks following surgery. Your doctor or nurse will be able to give you advice about this.