

# Stop the Clot

**This leaflet explains more about how you can help to reduce your risk of a clot when you are admitted to hospital and during the period of time after you leave the hospital following illness or surgery. If you have any further questions, please speak to a doctor, nurse or pharmacist caring for you.**

## About blood clots

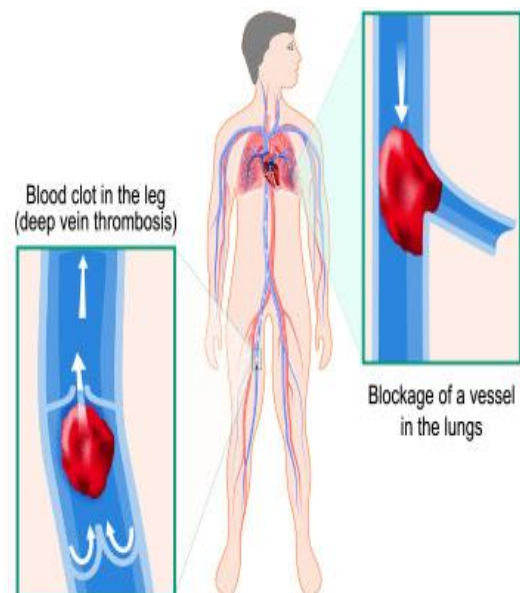
Deep vein thrombosis (DVT) and Pulmonary Embolism (PE) together are known as venous thromboembolism (VTE). It is estimated that about 1 in 1,000 people have a DVT each year in the UK.

Just being admitted to hospital carries a 15% chance of developing DVT. Having surgery carries a 30% chance of developing DVT unless you have preventative treatment.

DVT is a blood clot in a vein (a blood vessel) usually in the leg but sometimes in other places e.g. the arm. The signs and symptoms of DVT are: pain; swelling and discolouration of the affected limb.

A pulmonary embolus (PE) is a blockage of one or more of the blood vessels in the lungs. It is commonly caused by a blood clot that has developed in the leg or pelvic veins, which then breaks off and travels to the lungs. The signs and symptoms of PE are: shortness of breath, chest pain, coughing up blood and collapse in severe cases.

Sometimes DVT and PE happen for no obvious reasons. Sometimes they may happen as a result of the following: surgery; trauma such as fractures or muscle injuries; long periods of inactivity, for example being in bed with 'flu; long journeys including flights of over four hours duration or long unbroken car journeys; pregnancy and childbirth; certain types of oral contraceptive pill or hormone replacement therapy; obesity; cancer; a previous DVT.



## Preventing blood clots during hospital stay and when you go home

Most DVTs and PEs can be prevented safely and effectively. On admission to hospital each patient over 16 years of age has their risk of developing a VTE assessed and if necessary preventative measures advised. Feel free to ask your doctor, nurse or pharmacist what is being done to reduce your risk of VTE at any time during your stay in hospital and at the time of discharge home. They can also provide further information on the preventative treatment and possible side effects you might experience.

There are different measures that will help minimise your risk of getting hospital acquired VTE. In some situations, the medications may need to be continued once you have left hospital. When you leave hospital the staff should tell you when to stop treatment. If you need to continue

injections at home please ensure the nurse has shown you how to give them correctly. In the case where you are unable to administer injections, arrangements will be made with your local community nursing team.

## You may be given one or more of these treatments:

### Medications

Anticoagulants are drugs used to prevent and treat blood clots either in tablet or injection form, but they may also increase your risk of bleeding. Because of this, we assess your risk of bleeding during your hospital treatment. If your risk of bleeding is higher than your risk of VTE, you may not be given anticoagulant but you may be given other treatment to prevent VTE such as:

### Anti-embolism stockings (AES)

You may be measured and fitted with (AES).

The stockings work by reducing damage to the leg veins that expand when you are not mobile and help return blood to the heart. They should be worn day and night until you are back to moving about as much as you did before.

AES are very effective in reducing DVT in surgical patients. It is important that you are shown how to put them on and care for them before you go home. Remove your stockings daily for hygiene purposes and to inspect skin condition. If you notice any changes to your skin such as blisters or discolouration over the heels and bony prominences, please inform a member staff. If you are not sure, please ask your nurse.



### Compression devices

These are air pumps and inflatable garments/sleeves that are fitted and wrapped around leg and foot and kept in place while you are immobile in your hospital bed. It is designed to improve venous circulation in the lower limbs. It inflates at regular intervals and the pressure increases the flow of blood back to the heart.



## Keep moving / leg exercise

It is important to move around as soon as possible especially after surgery. Point your toes down and bend the foot up and rotate your ankles at regular intervals. This helps pump the blood back to the heart.

## Drink plenty of fluids

Dehydration can also increase your risk of VTE; so make sure you drink plenty of fluids.

## Looking after yourself at home

If you have had stockings fitted, you should **continue to wear** these at home until you are back to moving about as much as you did before. Remove your stockings daily for hygiene purposes and to inspect skin condition for example any changes to the appearance of your skin, blisters or discolouration over the heels and bony prominences.

It is important to continue any treatments until the course finishes. Your GP will be advised of your discharge and ongoing medication. If you have any questions please do not hesitate to contact the practice. If you do require injections after discharge, you will be given a sharps bin for

safe disposal once treatment is complete, close the lid of sharp bin, seal and return to hospital. Some GP surgeries or local councils may agree to dispose these bins. Please remember that it is illegal to dispose of injections or sharps bin in your household waste.

Other measures can help to reduce your risk of developing a VTE. Keeping to a healthy weight and stopping smoking can help to lower the risk. Speak to your practice nurse for advice and for further tips visit [www.nhs.uk/livewell/smoking](http://www.nhs.uk/livewell/smoking)

## What should I do if I have a problem?

See your GP if you have any questions about VTE.

**Important: if you develop pain, swelling or redness in a leg, or you suddenly become short of breath, have chest pain or cough up blood, go to your emergency department (ED or A&E) straight away.**

## Useful sources of information

For further information please visit

<https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

## Contact us

If you have any questions or concerns about VTE, please contact your thrombosis team on 020 8725 1332 (Monday to Friday, 9am to 4pm). Out of hours, please contact switchboard on 020 8672 1255 and ask for the haematology specialist registrar on call.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

