

How will I know if I have a blood clot?

Please be aware a blood clot can occur without warning signs or symptoms.

Signs and symptoms of a blood clot (VTE)

Deep Vein Thrombosis (DVT)

- ⇒ Unexplained leg pain
- ⇒ Swelling, including the ankle or foot
- ⇒ Redness or noticeable discolouration
- ⇒ Warmth

Pulmonary Embolism (PE)

- ⇒ Coughing (with blood-stained phlegm)
- ⇒ Unexplained shortness of breath
- ⇒ Rapid breathing
- ⇒ Chest pain (may be worse upon deep breath)
- ⇒ Light headedness or passing out

If you develop any of these symptoms either in hospital or after you go home please get medical advice immediately.

Where can I find out more about blood clots?

Please ask your doctor or nurse for more information especially if you intend to travel within 3 months of being in hospital or having an operation.

These internet sites may be of interest:

- NHS Choices website patient information on blood clots. Visit <https://www.nhs.uk/conditions/blood-clots>
- Patient Advice and Liaison Service (PALS)

- NHS111 is available 24 hours a day when you need medical help or advice and it is not urgent enough to call 999. For more information about NHS 111 in your area. Visit www.nhsdirect.nhs.uk
- Thrombosis UK also has more information. Please visit <https://www.thrombosisuk.org>

Preventing hospital-associated blood clots

A guide for patients

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please e-mail the Patient Information team at patient.information@ulh.nhs.uk

www.ulh.nhs.uk

What are blood clots?

A blood clot, also called a venous thromboembolism (VTE), can be a serious condition. If it forms inside a vein (often in the leg) it is called a deep vein thrombosis (DVT). If a piece of the blood clot breaks off and travels to the lungs it can cause a blockage called a pulmonary embolism (PE). Together these two conditions cause deaths each year.

Blood clots happen in the general population in about one in 1000 people.

Who is at risk?

Any adult who is unwell and is admitted to hospital is at risk. Other factors that put people at greater risk include the following:

- ◆ A previous clot
- ◆ A recent diagnosis of cancer
- ◆ Being overweight, Body Mass Index (BMI) of more than 30
- ◆ Not being able to move about
- ◆ Taking oestrogen-containing contraceptives and hormone replacement
- ◆ Having an operation
- ◆ Being older than 60
- ◆ Suffering a significant injury or trauma
- ◆ Being pregnant and for up to 6 weeks after giving birth
- ◆ Dehydration
- ◆ Smoking
- ◆ Varicose veins
- ◆ Certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden.

What can I do to reduce my risk?

You may be asked to wear:

Stockings. Whilst you are in hospital you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to tell a health professional about any new pain or discomfort in your feet or legs. Your stockings will be removed for a short time daily so that you can have a wash and check for skin problems.

Calf or foot pumps. These are special inflatable sleeves which you wear around your legs or feet while you are in bed or sitting still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

Blood thinners (anticoagulants). Most patients at risk of VTE will be prescribed a small dose of an anticoagulant. This reduces the chance of having a blood clot by thinning your blood slightly. If you need to take a blood thinner when you leave hospital you will be told how long to take it for and how to dispose of your syringes and needles.

The blood thinner most often used is a type of heparin, which is given by injections. Heparins are of animal origin. If you have any concerns about using animal products, please tell your doctor and they will discuss other options with you. Blood thinning tablets are used after hip and knee replacement surgery. To be effective, you must use these methods of prevention correctly. If you do have any questions or concerns, please ask your doctor or nurse.

What can I do to help myself?

If possible, before you come into hospital:

- ◆ Talk to your doctor about your contraceptive or hormone replacement tablets. Your doctor may consider stopping them up to 4 weeks before your operation.
- ◆ Keep a healthy weight and do regular exercise.

When in hospital:

- ◆ Keep moving or walking and get out of bed as soon as you can - ask your nurse to help.
- ◆ Ask your doctor or nurse "What is being done to reduce my risk of clots?"
- ◆ Drink plenty of fluids and keep hydrated.

What happens when I go home?

You may be required to wear anti-embolism stockings until your mobility is back to your normal state or anticipated mobility state.

Avoid continuous travel (have a break every hour to have a drink and walk about).

If you need to continue anticoagulation injections at home, your nursing team will teach you how to do this. If you have any concerns, make sure you speak to a nurse before you leave the hospital.

Please take as prescribed and finish the course. Seek medical advice from your GP or nearest hospital if you have any problems.

If you are taking injections home, you will be given a yellow box for the disposal of used needles (called a 'sharps box'). When you have completed your course of injections, you must dispose of the sharps box by returning it to the hospital. Please ensure the sharps box is sealed according to the instructions on the box. It is important you do not dispose of this with your household rubbish.