| Excellence in rural healthcare                                | United Lincolnshire<br>Hospitals<br>NHS Trust |
|---|---|
| Deep Vein Thrombosis (DVT), Pulmonary Er<br>and Brain Tumours | nbolism (PE)                                  |
|   |   |
| www.ulh.nhs.uk  |   |

Deep vein thrombosis (DVT) is a blood clot in one of the deep veins of the leg.

Pulmonary embolism (PE) is a blockage (blood clot) in the pulmonary artery which is the blood vessel that carries blood from the heart to the lungs. It is potentially life threatening.

# Risk factors include:

- Age 60 years plus
- Glioblastoma diagnosis
- Large tumour size
- Subtotal resection of tumour
- Chemotherapy
- Neurosurgery within the past 2 months
- Leg paralysis
- A or AB blood type

# **Signs and Symptoms**

### **DVT**

- Pain, redness, swelling around the area where the clot is.
- The area around the clot may feel warm to touch.
- Most likely to form in the thigh, groin or lower leg.

#### PE

- Chest pain a sharp stabbing pain that worsens when you breathe in.
- Shortness of breath can come on suddenly or develop gradually.
- Coughing usually dry but may include blood or mucus.
- Faint, dizzy or passing out.

You should see your GP immediately if you have a combination of these symptoms.

If your symptoms are particularly severe, dial 999 for an ambulance.

# How are DVTs/PEs treated?

- They are treated with anti-coagulation medication. These stop the blood clot from getting bigger while your body reabsorbs it and reduces your risk of further clots developing.
- Enoxaparin (clexane) is an anti-coagulation injection, commonly used. It is given subcutaneously, into the fatty layer of the abdomen for three to six months.

To maintain good blood circulation and prevent further clots keep mobile, avoid long periods of inactivity and lead a healthy life style such as stopping smoking.

# **Frequently asked Questions**

Should all patients with brain tumours have preventative anti-coagulation medication?

There is a long-standing reluctance to treat with therapeutic anti-coagulation due to the risk of intracranial haemorrhage. Therefore patients are treated as they present with a DVT/PE.

# References

Jenkins EO, Schiff, D. Mackman N, Key NS. 'Venous thromboembolism in malignant gliomas'. J Thromb Haem 2010, 8:221.

NHS choices, pulmonary embolism— www.nhs.uk/conditions/pulmonary-embolism 02.10.13.

'Cancer Coagulation and anti-coagulation'. Anthony Letai and Dana J Kuter. (*The Oncologist December 1999 vol 4 no 6 pp 443-449*).

# **Useful Contacts**

www.braintumour.org.uk Tel: 0845 4500 386

Macmillan Cancer Information + Support Centre, Lincoln County Hospital Tel: 01522 573799

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



Issued: February 2019 Review Date: February 2021 ULHT-LFT-1924 version 3