Risks factors for VTE
Some people are more at risk of VTE than others. The risk increases when you come into hospital, especially if you:

- have undergone major surgery
- are aged over 60
- have experienced long periods of immobility or a reduction in your usual level of mobility
- are taking certain medications, such as HRT, oral contraception, tamoxifen, raloxifene or chemotherapy
- are pregnant or have had a baby within the last six weeks
- have cancer or are undergoing cancer treatment
- are overweight or obese
- have had a previous venous thromboembolism (VTE)
- are dehydrated
- have certain blood diseases
- have a family history of thrombosis
- have an inherited or acquired clotting problem
- are suffering from an acute medical illness
- have more than one medical condition such as heart disease, diabetes or a respiratory illness
- have inflammatory disease such as Crohn’s or rheumatoid arthritis
- have undergone continuous long-haul travel of more than four hours within four weeks before or after your hospital stay.

Ask a member of your healthcare team if you have questions or require further information about risk factors or anything covered in this leaflet.

Symptoms of deep vein thrombosis (DVT)
DVT is a blood clot usually in one of the deep veins of the leg or pelvis. Symptoms include swelling of the calf or thigh, usually accompanied by pain, heat or redness, or difficulty in weight bearing. However, many DVTs produce no, or only some of these symptoms.

Symptoms of a pulmonary embolism (PE)
PE occurs when a piece of blood clot breaks off into the bloodstream and blocks one of the blood vessels in the lungs. Symptoms include difficulty in breathing or shortness of breath, coughing up blood-stained sputum or chest pain that is often worse on breathing in. These can sometimes be accompanied by symptoms of DVT.

Going home
When is it time for you to leave hospital, it is important to continue any treatments until the course finishes.

VTE can happen at any time during a stay in hospital or in the weeks after leaving hospital. If you experience any VTE symptoms or bleeding once you are at home you should seek urgent medical advice from your GP by contacting 111 or your nearest emergency department.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone 023 8120 4688 for help.

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About blood clots
Blood normally flows quickly and uninterrupted through our veins. Sometimes however, clots can form that either reduce the blood flow or stop it completely. A deep vein thrombosis (DVT) is a blood clot in a deep vein, usually in the leg or pelvis. The common cause is immobility – for example not moving around as much you usually do while you’re unwell or recovering from an operation. Long-term discomfort and swelling of the ankle and calf can occur in some people following a DVT. This is called post-thrombotic syndrome. A pulmonary embolism (PE) is when all or part of the DVT becomes dislodged and travels with the natural flow of blood back to the lungs. The clot then gets stuck in the blood vessels of the lung. This may be fatal. DVT and pulmonary embolism 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. Many people think that going on a long flight is the biggest risk factor for suffering a VTE. Unfortunately, the risk of getting a blood clot in hospital is far greater than that from a long-haul flight.

Prevention

Preventing blood clots is a priority for hospital staff. Our doctors, nurses, pharmacists and other teams all play an important role in keeping you safe. There are a number of measures that will help minimise your risks of getting a hospital-acquired VTE. This leaflet explains what you can expect while you’re in hospital and aims to answer some of the initial questions you may have. If you would like more information or have any concerns, please speak to a member of your healthcare team.

Most DVTs and PEs can be prevented safely and effectively. On admission to hospital, each patient has their risk for VTE assessed and, if necessary, preventative measures advised. We will also assess if any of the preventative measures may not be suitable for you.

As with any treatment, there is the possibility of developing adverse effects. Please talk to a nurse, doctor or pharmacist if you think the treatment is causing you any problems.

Feel free to ask your doctor or nurse what is being done to reduce your risk of VTE, if this has not already been discussed with you, or if you would like to know more about possible side effects of the treatment.

You may be given one or more of these treatments:

**Medication**

Drug used to prevent and treat blood clots are called anticoagulants. While you are in hospital it’s likely that you will be given anticoagulant medication in the form of an injection, but sometimes it will be in tablet form instead. Your doctor will advise which is best for you.

In some situations, the medication may need to be continued once you have left hospital. If you need to continue with the injections at home, please ensure a nurse has shown you how to give them correctly. Anticoagulants reduce your risk of developing a clot, but they may also increase your risk of bleeding. Because of this, we assess whether bleeding might be a problem during your hospital treatment. If your risk of having problems with bleeding is higher than your risk of VTE, you will not be given an anticoagulant to help prevent VTE, but you may be given other treatments instead.

**Anti-embolism stockings (AES)**

You may be measured and fitted with anti-embolic stockings (AES), which are usually knee length. The stockings work by reducing the 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 your normal levels of mobility. 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. If you are not sure, please ask a member of your healthcare team.

**Compression devices**

These are inflatable sleeves that are fitted around the leg or foot and kept in place while you are immobile in your hospital bed. They inflate at regular intervals and the pressure increases the flow of blood back to the heart.

**Keep moving**

It is important to move around as soon as possible, especially after surgery. This is sometimes the only measure that needs to be taken.

**Leg exercises**

Point your toes down and bend the foot up at regular intervals as this helps to pump blood back to the heart. Rotate your ankles. Do this at least ten times an hour when you are inactive for long periods of time.

**Drink plenty of fluid**

Dehydration can also increase your risk of DVT, so make sure you drink enough fluid.