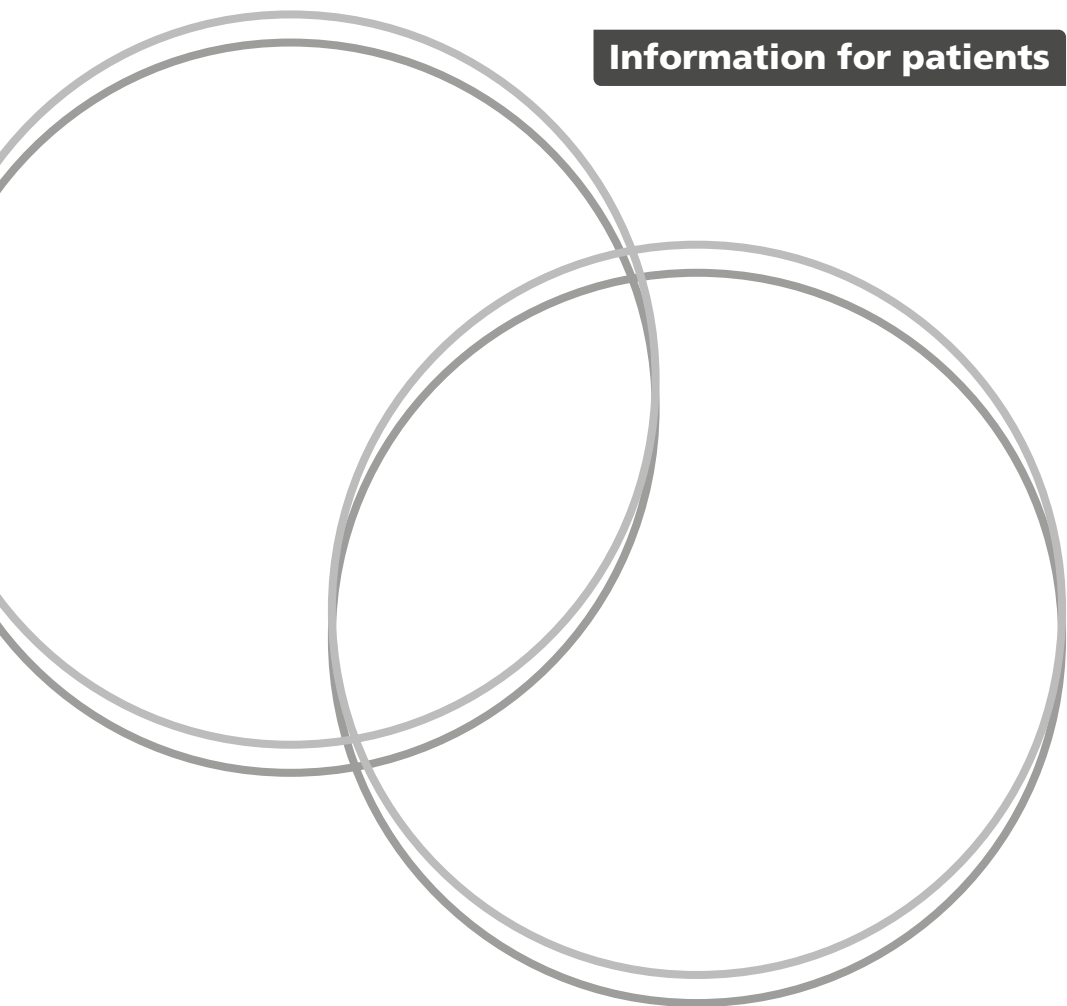


# Reducing the risk of a blood clot when you have a plaster cast/lower limb immobilisation

**Information for patients**



## **What causes blood to clot?**

Blood clotting is vital to make sure that when we cut ourselves a clot forms to stop the bleeding. However, there are times when the clotting process goes wrong and blood clots inside our veins, causing a Deep Vein Thrombosis (DVT) or a Pulmonary Embolism (PE).

This is more likely to happen when you are admitted to hospital. The blood flow around the body can be slower or becomes sticky. This might happen after an operation, or because of infection, or from being in a bed for a few days and moving about less than usual.

This can also be a complication of having a limb immobilised following a fracture or injury. You may have your whole leg or some of your leg placed in a plaster cast or another appliance, such as a splint or protective boot.

## **What is VTE?**

Venous thromboembolism (VTE) is the collective name for DVT and PE. VTE can be a very serious and potentially life-threatening condition.

Deep Vein Thrombosis or DVT is the name given to a blood clot which forms inside a vein that is deep beneath the skin of your leg, or sometimes within your arm (mainly line associated), or leg. The clot blocks the flow of blood through the affected vein and can cause several signs and symptoms.

Sometimes, a part of the clot breaks off and passes through your circulation which can block a blood vessel in your lung. This is called a pulmonary embolism.

## Who is at risk of a VTE?

Having your leg immobilised in a cast or other appliance can increase the risk of blood clots, but some people are more likely to develop a blood clot than others. You are at increased risk if:

- you are over 60 years old
- you have a personal or family history of blood clots
- you have active cancer
- you have recently had a major operation
- you have an Achilles tendon rupture
- you have had a baby in the last six weeks or are currently pregnant
- you have a disorder which makes your blood more likely to clot
- certain medications, such as the combined oral contraceptive pill or hormone replacement therapy
- you have one or more long-term medical conditions requiring treatment, such as heart disease, lung disease, bowel disease, hormone disease
- being overweight
- you have varicose veins.

## **Reducing the risk of developing a VTE**

A doctor or nurse will complete a simple assessment with you, to work out your personal risk. If you are considered to be at risk of VTE, your doctor will discuss this with you and may prescribe you a blood thinning medicine called heparin, which is a small injection.

You will need to have this treatment for the entire time you have the cast or appliance on your leg. We will show you or a family member/friend/carer how to give the injections before you leave the hospital and will give you the relevant equipment. If you have any difficulties, alternative arrangements will be made with your GP surgery by the nursing team.

Possible side effects of this injection can be bruising at the injection site and prolonged bleeding if you cut yourself (but this is rare).

If you have any bleeding or significant bruising you should seek medical advice.

Whether you have been prescribed heparin or not, you should take the following precautions:

- Try to keep moving around as much as possible (unless you have been advised otherwise).
- Drink plenty of fluids to avoid becoming dehydrated.
- Take painkillers regularly, as needed and following the dosage instructions.

## **Signs and symptoms of a DVT and PE**

### **DVT**

- leg pain or tenderness
- leg swelling
- leg warm to touch
- redness of the leg.

### **PE**

- shortness of breath or difficulty breathing
- chest pain
- coughing up blood
- sudden collapse.

**However, a DVT or PE may occur without any symptoms.**

If you develop any of the signs and symptoms above, you should contact your GP immediately. If you have severe shortness of breath, chest pain or you collapse, you or the person with you should dial 999 for an ambulance.

# Hospital Associated Thromboembolism (HAT)

Hospital Associated Thromboembolism is a DVT or PE which occurs either during hospital admission or within 90 days of hospital admission.

If you develop a blood clot within 90 days of being in hospital we will investigate whether you received good clot prevention measures. This may take several months. We will contact you if the investigation shows any failings in your care.

## VTE prevention App

Have you been admitted to hospital or are you, a friend or a relative being admitted to hospital?

Help reduce the risk of getting a blood clot in hospital with this free App. It can be downloaded from the Play store or App store.

It contains useful information for before, during and after your hospital stay.

Visit: [www.vte-prevention.co.uk](http://www.vte-prevention.co.uk)



## **Further information**

The National Institute of Clinical Excellence (NICE) have produced guidelines on reducing the risk of thromboembolism for people in hospital. Information on this topic for patients and carers can be found at:

[www.nice.org.uk/guidance/ng89](http://www.nice.org.uk/guidance/ng89)

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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