

Dear GP, OOH and Emergency Department colleagues,



## New ambulatory DVT pathway at Oxford University Hospitals NHS foundation trust



### What is happening?

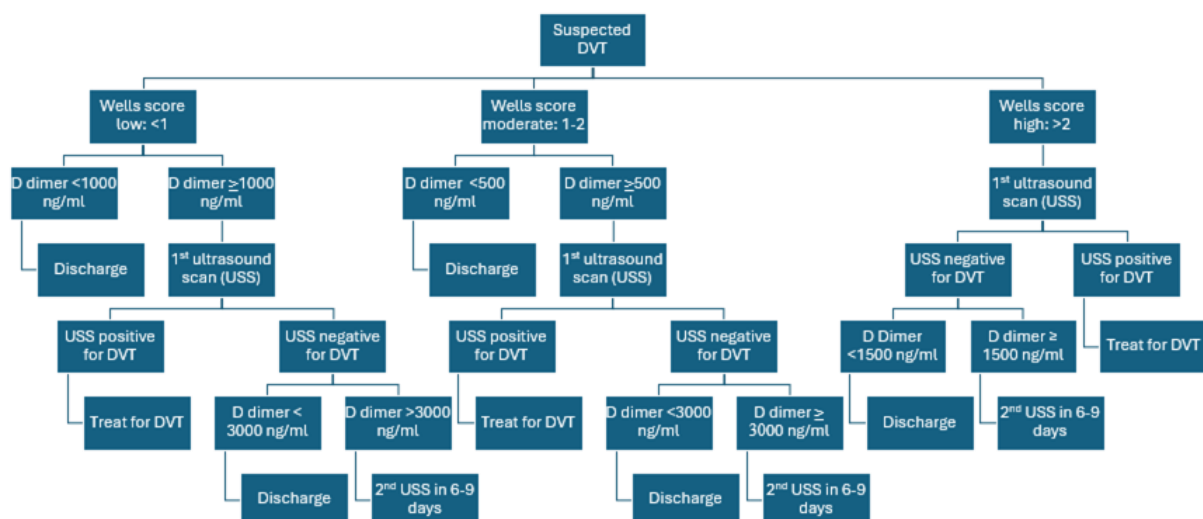
There is a new diagnostic pathway for the ambulatory DVT clinic at the Oxford University Hospitals NHS trust, **effective from Monday 31<sup>st</sup> March 2025**.

### Why is this happening?

This new pathway will reduce the number of first and repeat ultrasound scans required in patients with clinically suspected DVT, while maintaining a very similar level of diagnostic accuracy (>99% negative predictive value)

The new pathway will achieve this through better risk stratification using gradations of the Wells DVT score and, **crucially**, the D-dimer.

The pathway is outlined in the diagram below and has been locally validated and approved – (Reference: Kearon C, de Wit K, Parpia S, Schulman S, Spencer F A, Sharma S et al. *Diagnosis of deep vein thrombosis with D-dimer adjusted to clinical probability: prospective diagnostic management study* BMJ 2022; 376 :e067378 doi:10.1136/bmj-2021-067378).



### What does that mean for referring clinicians?

The two main implications for referring clinicians are:

- 1) A patient with symptoms who would usually have an ultrasound scan, but has a low Wells DVT score (<1), will not get a scan if their D-dimer is <1000 (a higher threshold than previously) because the probability of DVT is <1%. This will be explained to the referrer if they already have a D-dimer result, and the patient if they have been seen the same day. Patients will be appropriately safety netted.
- 2) That **D-dimer testing becomes much more crucial** for the diagnostic algorithm including the need to repeat scans. Whilst this is a requirement currently, *we will be even more reliant on referrers to collect this sample prior to administration of anticoagulation.*

### **What does this mean for the patient?**

If the pathway is followed correctly, this change should mean a shorter waiting time for referrals to be seen, and fewer repeat scans, while maintaining high levels of diagnostic accuracy.

### **What if a D-dimer is not collected before the patient is anticoagulated, or at all?**

We appreciate that this may happen and may be unavoidable. If this occurs, it will mean the patient will have extra scans to achieve the same diagnostic certainty (which is what is currently happening)! This is for safety reasons and to avoid missed diagnosis but will lead to delays in diagnosis and an inefficient service and use of scanning resources

Therefore, we would really appreciate your support in helping us implement this safe and more efficient pathway.

If you have any questions at the time of referral or after, please contact the DVT service at [dvtservice@ouh.nhs.uk](mailto:dvtservice@ouh.nhs.uk) or 01865 225629.