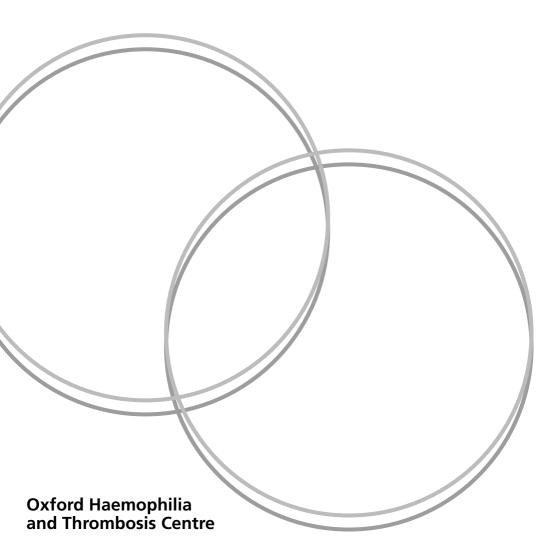


Preventing blood clots while in hospital

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 – for example, after an operation, or because of infection, or from being in a bed for a few days and moving about less than usual.

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 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 pelvis. 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.

Signs and symptoms of a DVT and PE include:

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.

Who is at risk of a VTE?

There are factors which place you at greater risk of a VTE. These include:

- staying still or in one position for long periods of time especially
 if you are having an operation or are unwell enough to be
 confined to bed
- a family or personal history of VTE
- a medical condition, such as heart failure or diabetes, or significant infection
- cancer
- certain medications, such as the contraceptive pill or hormone replacement therapy
- increasing age, especially age greater than 60 years
- being overweight.

What you can do to reduce the risk of developing a VTE

Before you come into hospital:

- Talk to your doctor or the pre-op assessment clinic about your medication, especially if you are taking the contraceptive pill or hormone replacement therapy. They may advise you to stop taking these in the weeks before your operation.
- Keep to a healthy diet.
- Stop smoking.

During your stay in hospital:

- Ask your doctor or nurse "What is being done to reduce my risk of a VTF?"
- Keep moving around, especially after surgery.
- Undertake the breathing and leg exercises (see page 5 for breathing and leg exercises).
- Drink plenty of water, if permitted.

If you are considered to be at risk of VTE, your doctor will consider prescribing you a medicine called heparin, which is a small injection. Possible side effects of this injection can be bruising at the injection site and prolonged bleeding if you cut yourself (but this is rare).

You may be advised to wear elasticated stockings (anti-embolism stockings) or inflatable sleeves (intermittent pneumatic compression) around your legs or feet, these are both designed to minimise the risk of developing a blood clot. You will be measured and shown how to wear the stockings and inflatable sleeves. It is important that if advised they are worn as much as possible, even when sat in a chair. You should be provided with a new pair of stockings every three days and with new sleeves every seven days.

If you have any questions, or are in any discomfort talk to the nurse who is looking after you. Both are usually removed at discharge unless you have been specifically prescribed stockings on discharge by a Doctor.

If you develop any new signs or symptoms of a DVT or PE, please report these to your nurse or doctor immediately.

At home:

Once you get home, it is important to:

- Keep moving around.
- Drink plenty of water, if permitted.
- Continue with the leg and breathing exercises (see below for leg and breathing exercises).

If you need to continue taking heparin when you go home we will give you more information before you leave. We will also show you or a family member/friend how to give the injections before you leave hospital and will explain how to safely dispose of the needles. Be aware that your risk of developing blood clots can continue to be increased for up to 3 months after you have gone home. See a doctor or attend A&E immediately if you have any signs and symptoms of DVT or PE.

Leg and breathing exercises

The following exercises are intended to help your circulation and breathing. These can be carried out both sitting up and lying down, but are more effective if you are sitting up.

Ankles: Paddle your feet up and down and circle them around and around.

Knees: Brace your knees so that you can feel the muscle tighten on the front of your thigh. Hold for a count of 3 and gently relax.

Bottom: Clench your buttock muscles together and hold for a count of 3 before relaxing.

Breathing: Place your hands on each side of your rib cage. Take a deep breath and feel your ribs being pushed out to the side as you expand your lungs.

You will need to continue with these exercises until you are fully able to get up and move around.

Hospital Associated Thrombosis (HAT)

Hospital Associated Thrombosis is a DVT or PE which occurs either during a hospital admission or within 90 days of a 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 failing in your care.

VTE Prevention App

You can now download 'Let's Talk Clots' for FREE from the app store. It provides valuable information on blood clots and offers guidance on reducing the risk of developing one.









basis UK is a registered charity in England: 1090540

www.thrombosisuk.org

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

Further Information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- easy read
- large print
- braille
- audio
- electronically
- in another language.

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

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