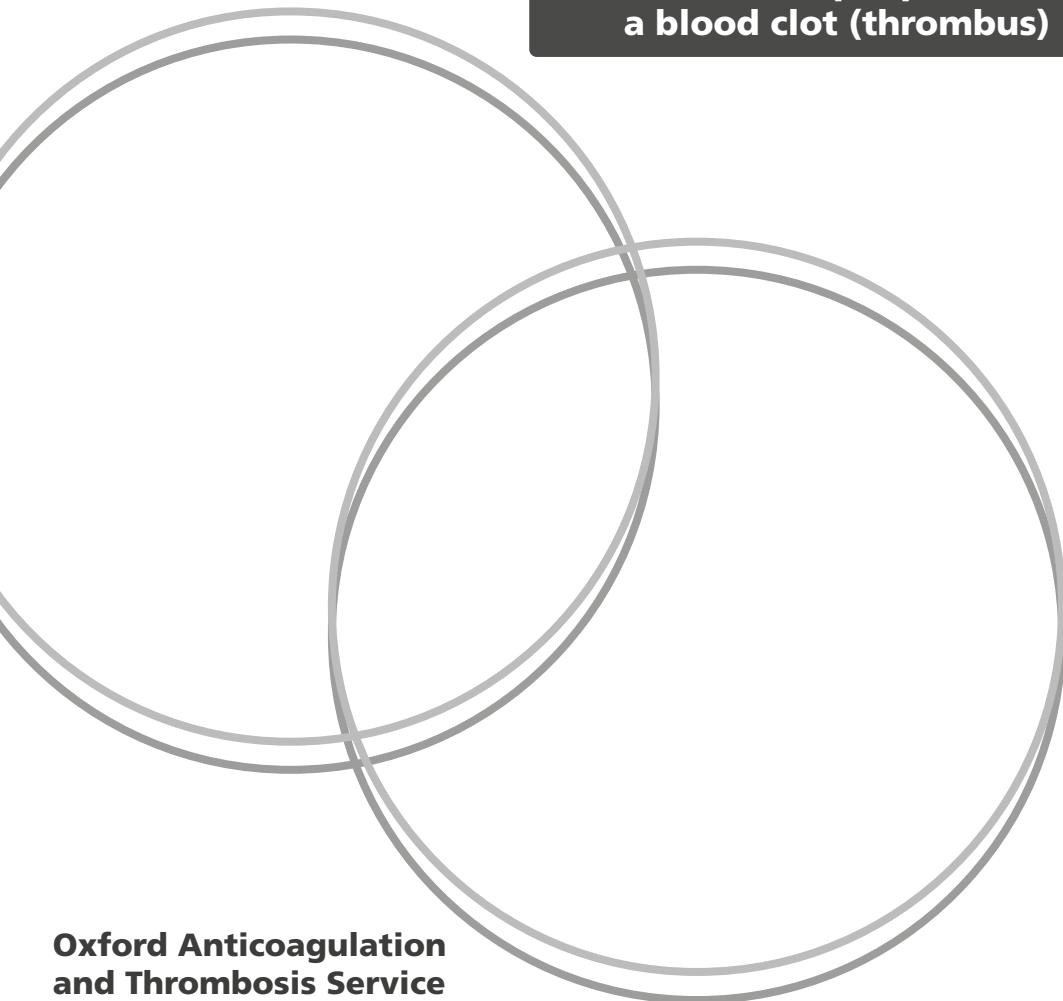


Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

**Information for people with
a blood clot (thrombus)**



You have been given this leaflet because you have a blood clot (thrombus). This leaflet will explain your diagnosis and how the blood clot will be treated.

A nurse will go through this leaflet with you. They will explain what it means and answer any questions you may have.

Diagnosis of deep vein thrombosis and pulmonary embolism

What is a deep vein thrombosis (DVT)?

The tests you have had show that you have a blood clot. This is blocking the blood flow in one or more of the veins in your leg. This is called a deep vein thrombosis or DVT. This means you need treatment at the DVT Clinic.

What is a pulmonary embolism (PE)?

A pulmonary embolism (PE) develops when a blood clot breaks free from the DVT and travels to the lungs. In the lungs, the clot can block the blood supply to part of the lung, causing it to collapse and leading to heart failure. A PE can be life threatening and requires urgent medical attention. Treating your DVT helps prevent a PE from occurring.

If you have already been diagnosed with a PE you may be referred to us for ongoing treatment.

Other clots

Sometimes a blood clot can happen in a vein in another part of your body; the treatment for this would be the same as for a DVT in your leg or a PE.

How will the blood clot be treated?

The clot can be treated with either tablets (direct oral anticoagulant or warfarin) or injections.

These medicines are called 'anticoagulants' and they stop blood from clotting in the blood vessels of your body. They will also stop any present clots from getting any bigger, breaking up and moving to your lungs. The doctor at the clinic will discuss these treatment options with you and will let you know the best one to treat your blood clot.

You will usually need to have this treatment for at least three months. Your doctor will discuss the length of treatment with you and the nurse specialist will tell you about how to take your medicines.

Direct oral anticoagulant tablets (DOACs)

DOACs are tablets which are taken by mouth. If you are taking a DOAC you won't need to have daily injections or blood test monitoring. You will usually be provided with a three week supply of the DOAC from the hospital and will need to get further supplies from your GP.

We will telephone you after 7 days to check how you are managing the medication and to discuss with you any change of dose.

Warfarin

Warfarin is an oral anticoagulant. If your treatment team recommend warfarin, you will also need to have injections of Enoxaparin (a fast-working anticoagulant) until the warfarin begins to take effect.

Enoxaparin injections are typically given once or twice a day. The number of Enoxaparin injections required will depend on your weight. It may be possible for you or a relative/carer to administer the Enoxaparin at home.

Whilst you are having Enoxaparin injections, you will also need to have daily blood tests to check how long your blood takes to clot.

These are called International Normalised Ratio or INR tests. A normal INR for someone not on warfarin is usually around 1; we are aiming for your figure to be between 2 and 3. The injections of Enoxaparin will need to continue until your INR reaches this level. Until your INR is between 2 and 3 you will need to attend the DVT clinic daily for blood tests. After this you will have regular blood tests at your GP surgery.

More information about your INR can be found in the booklet 'Important information about anticoagulation with vitamin K antagonists'. You will be given this booklet at the DVT clinic.

Enoxaparin injections

In some cases you may just be prescribed Enoxaparin injections under your skin once or twice a day. The dose of Enoxaparin you will be given will depend on your weight. The nurse will teach you or a relative/carer how to give the injections.

When will I see the doctor?

In the first few days after your diagnosis you will be seen by a specialist doctor or nurse for a full examination.

You should give the DVT nurse or doctor a list of any medications you are currently taking, including non-prescribed or over-the-counter medicines or herbal remedies.

Are there any serious side effects of taking anticoagulants?

Like all medicines, anticoagulants have side effects. The most serious side effect of anticoagulants is bleeding.

You should contact your GP urgently or go to your nearest Emergency Department if you experience any of the following:

- nose bleeds that last for more than 10 minutes
- blood in your vomit or sputum
- passing blood when you go to the toilet – either in your urine or faeces
- passing black coloured faeces
- severe or spontaneous bruising (bruises that appear when you haven't injured yourself)
- unusual headaches (more painful or longer lasting).

If you are experiencing less severe nosebleeds which stop easily after one or two minutes, please discuss this with your GP or the nurse at the anticoagulant service. Please see the end of this leaflet for contact details.

If you are a woman, you should also look out for any abnormally heavy menstrual bleeding. Contact your GP if you are concerned.

What happens to the clot?

The clot that has formed in your leg will be broken down by your body's own mechanisms. It will take time, normally weeks or months, although you should start to have less pain, swelling and discomfort once your medication has started to work.

Frequently asked questions

When can I exercise or drive?

You can walk or drive as long as your leg is not too painful, but we suggest avoiding vigorous exercise for two to four weeks from when you were diagnosed.

Can I work?

The type of work you do will determine whether it's safe to work when you have a newly diagnosed blood clot. If your job is physically demanding, it may be better to take some time off work in order to rest your leg and to avoid strenuous activity.

In the UK you can self-certify as sick for one week. After a week your GP can provide you with a sick note. However the most important thing is to listen to your body and not to push yourself to do more than you feel able to.

If you feel able to return to work this should be fine, however you may wish to talk to your employer so that any necessary adjustments can be made.

When can I fly?

There are no clear guidelines, but we usually suggest that you do not fly on an aeroplane within two weeks of starting your treatment.

If you are on warfarin, we would also like to see that your INR is stable before you plan to fly. You should discuss this with your GP or the anticoagulation service.

Are there any long-term effects from having a DVT?

Following a DVT, some patients continue to experience symptoms including pain and swelling in their affected leg. Some patients who have not had these symptoms previously may develop them some time after a DVT is diagnosed. This is called post-thrombotic syndrome (PTS).

Please see the patient information leaflet about PTS for more details and when and how to seek advice about your symptoms.

Further information

Further information about blood clots and prevention can be found at these sources:

Thrombosis UK

thrombosisuk.org/patient-information

NHS UK

www.nhs.uk/conditions/deep-vein-thrombosis-dvt

www.nhs.uk/conditions/pulmonary-embolism

Oxford University Hospitals

– Department of Clinical Haematology

www.ouh.nhs.uk/haematology

How to contact us

The Anticoagulation and Thrombosis Service is based at the Nuffield Orthopaedic Centre and the Horton General Hospital. It is run by specialist nurses and the haematology consultants.

DVT Clinic

Nuffield Orthopaedic Centre

Telephone: **01865 225 629**

(Monday to Friday, 9am to 5pm)

Please leave an answerphone message with your contact details and a DVT nurse will get back to you.

Horton General Hospital

Telephone: **01295 229 282**

(Monday to Friday, 9am to 5pm)

Please leave an answerphone message with your contact details and a DVT nurse will get back to you.

Anticoagulation clinic (for warfarin queries only)

Nuffield Orthopaedic Centre

Telephone: **01865 857 555**

(Monday to Friday, 9am to 5pm)

There is no answerphone on this number. If you do not get through, please try again or email: AC.Services@ouh.nhs.uk

Horton General Hospital

Telephone: **01295 229 224**

(Monday to Friday, 9am to 5pm)

There is no answerphone on this number. If you do not get through, please try again or email: AC.Services@ouh.nhs.uk

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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Oxford University Hospitals NHS Foundation Trust

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