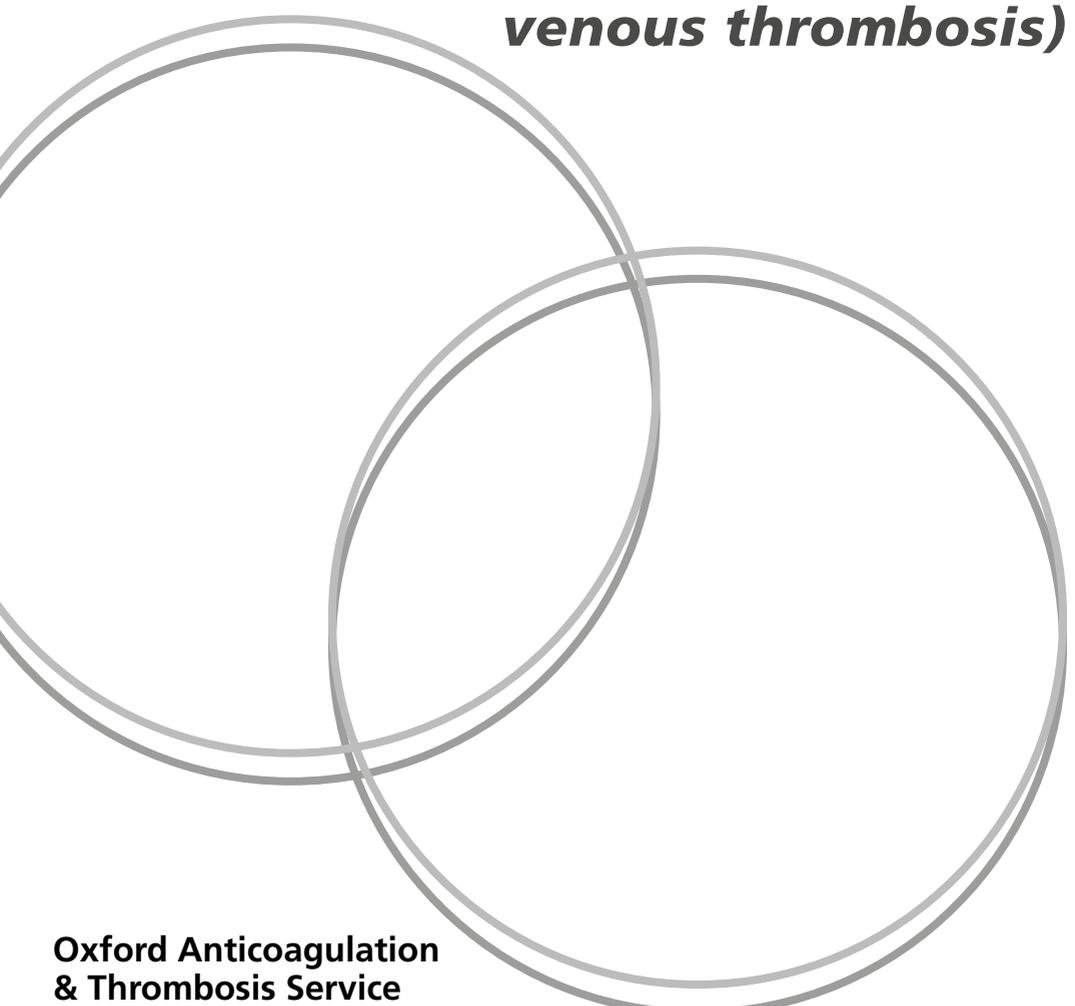


Information for patients with superficial thrombophlebitis *(also known as superficial venous thrombosis)*



What is this booklet is for?

This booklet has been given to you because you have Superficial Thrombophlebitis (STP), also known as Superficial Venous Thrombosis (SVT).

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

Contents of this booklet

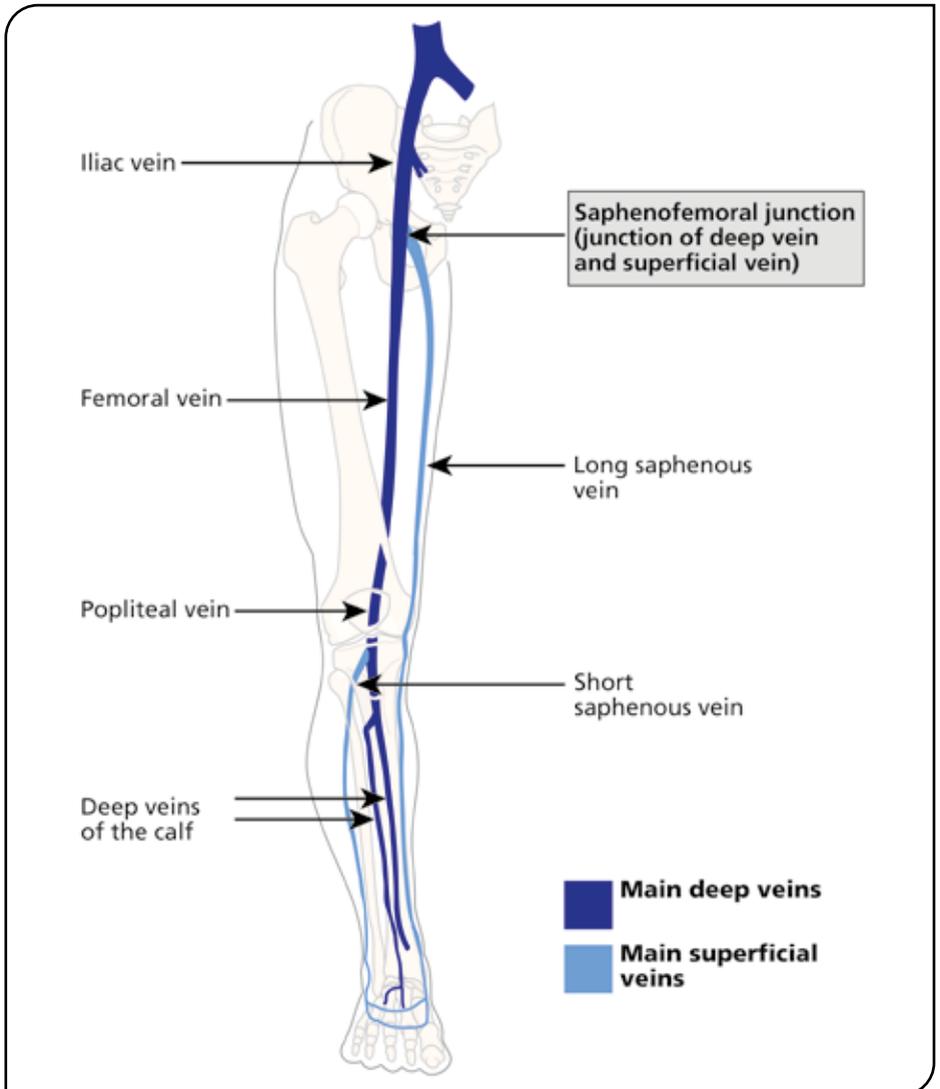
- 1. Diagnosis of superficial thrombophlebitis**
- 2. Treatment**
- 3. Other frequently asked questions**

1. Diagnosis of Superficial Thrombophlebitis.

What is Superficial Thrombophlebitis?

Thrombo(sis) means a blood clot.

Phlebitis means inflammation of a vein.



Superficial Thrombophlebitis (STP) is a common disorder which occurs when a shallow, or superficial, vein – usually the saphenous vein of the leg or the smaller veins leading off this – becomes inflamed and the blood within it forms small clots. STP may happen with no obvious cause, but some conditions (risk factors) can make it more likely to develop.

Risk factors for superficial thrombophlebitis include:

- Varicose veins
- Previous superficial thrombophlebitis or previous deep vein thrombosis (DVT)
- Being overweight
- Smoking
- Long periods of immobility
- Pregnancy and the period up to 6 weeks after delivery.

2. Treatment

Treatments can ease pain or discomfort and in some cases are used to prevent the clot from extending.

The type of treatment offered will depend on the length and position of the section of vein that is inflamed.

In some cases, the recommended treatment will be anti-inflammatory painkillers (NSAIDs) – which may be taken by mouth or can be used topically. If you are unable to take this group of medicines, you can discuss alternative painkillers with your GP.

In other cases where a larger section of vein is affected, taking a short course of anticoagulant medication can help to improve the discomfort. If the STP is very close to the deep veins at the top of the groin, the anticoagulant is used to prevent the clots in the superficial vein from extending into the deep vein.

Like all medicines, anticoagulants have side effects. The most serious side effects of anticoagulants are bleeding or bruising. The Doctor or Nurse who starts your treatment will discuss this with you in more detail.

When will I see the doctor?

For many cases of STP, we will inform your GP of your diagnosis and ask them to discuss treatment options with you. This will involve you making a non-urgent appointment to see your GP, ideally within 14 days of your DVT clinic appointment.

However, if your scan shows that the STP is very close to the deep vein of the leg, you will be seen by one of the DVT clinic doctors. The doctor will examine you and will discuss with you which anticoagulant you should have to treat the STP. This is because there is a greater risk that the STP in this area may extend into the deep veins, causing Deep Vein Thrombosis.

How long will it take before my symptoms improve?

Superficial thrombophlebitis usually settles within 3-4 weeks. The inflamed vein may be tender, and you may be able to notice small lumps in the vein, for longer than this.

Most people make a full recovery. **However, if you feel that your symptoms are not improving or are getting worse once you have started treatment, please contact your GP for advice.**

If you keep having episodes of STP, your GP may refer you to a vascular surgeon to assess if surgery on the affected vein would be appropriate.

3. Other frequently asked questions.

What other measures can improve the symptoms of STP?

- In some cases compression stockings may help the swelling and discomfort. Your GP can assess you and prescribe these.
- A warm, moist towel or flannel applied to the affected limb may also help relieve symptoms such as pain and swelling.
- It is important to continue to use the affected limb and remain mobile, to reduce the risk of deep vein thrombosis (DVT).
- Keeping the affected leg elevated when sitting may improve venous blood flow and reduce swelling.

When can I fly?

If your STP is close to the junction with the deep veins and you are on full anticoagulation treatment, we usually suggest you should not fly within two weeks of starting your treatment. Less severe cases of STP should not prevent travel but we recommend frequent breaks to stand and mobilise during journeys of greater than two hours.

When can I exercise?

You can walk or drive as long as your leg is not too painful, but we suggest avoiding vigorous exercise for two weeks from diagnosis. Normal activity can resume as the swelling and pain begin to settle.

For further information please contact the Oxfordshire DVT service:

Churchill

Tel: **01865 225629**

Email: **dvt.service@nhs.net**

(9am-5pm Monday-Friday, 9am-1pm Saturdays, Sundays and bank holidays)

Horton

Tel: **01295 229282**

Email: **ouh-tr.hortondvtservice@nhs.net**

(9am-5pm Monday-Friday)

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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