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Lower limb deep vein thrombosis

Information for patients

What is a DVT?

A deep vein thrombosis (DVT) is when a blood clot forms and lodges in the deep veins of the legs. The blood clot is a jelly-like substance at first but it will harden over time.

Why might a DVT occur?

Sometimes a reason cannot be found, but below are some risk factors associated with developing a clot. Some of these are stronger risk factors than others¹.

Strong risk factors include:

- A fracture of your leg, especially if it requires immobilising the leg
- A stay in hospital within the previous 3 months, especially if the problems were heart related or you had a heart attack
- Hip or knee replacement
- Major trauma and spinal cord injury
- Previous DVT or pulmonary embolism (a clot in your lungs)
- Family history of DVT.

Moderate risk factors include:

- Some autoimmune diseases such as rheumatoid arthritis or colitis, especially if they have recently flared
- Chemotherapy
- Heart failure
- Hormone replacement therapy (HRT), hormone treatment (such as the combined oral contraceptive pill) and in vitro fertilisation (IVF) treatment
- Infection
- Cancer
- Blood clotting disorders
- Superficial vein thrombosis.

Weak risk factors:

- Bed rest of at least 3 days duration
- Immobility due to sitting for long periods
- Diabetes
- Pregnancy
- Being overweight or obese- your body mass index (BMI) is 30 or higher.

The likelihood of developing venous thromboembolism (VTE)- a condition where blood clots form in deep veins- rises with age²

- Age less than 40 years - annual incidence of 1 in 10,000 people
- Age 60-69 years - annual incidence of 1 in 1000 people
- Age greater than 80 years - annual incidence of 1 in 100 people.

What are the risks of DVT?

If the clot is left untreated the clot will continue to get bigger and there is a risk that it may break off and travel up the system of blood vessels into the lung. We call this a pulmonary embolus (PE). Typical symptoms would be chest pains, shortness of breath, coughing up blood and in more serious cases: faint spells, dizziness and collapse.

Another rare risk of a very large blood clot is a condition called “phlegmasia cerulea dolens”. This is when there is a lot of blood clot in the major veins and the superficial veins of a leg and patients experience sudden severe pain, swelling, and a blue discolouration of the affected limb. This is a life threatening emergency and requires immediate attention.

After a DVT, about 50% of patients will experience post thrombotic syndrome (“thrombotic” means “clot”). This is where patients experience continuing swelling and pain in their leg, sometimes for many years after a DVT. If the clot is treated quickly and effectively, this reduces the risk of post thrombotic syndrome. However sometimes, even after ideal treatment, the affected leg does not return to normal.

What treatment will I receive?

You will receive anticoagulation medication, which some people prefer to call “blood thinners”. There are different types of medications and the aim is to stop the blood clot growing, or travelling to your lungs. The medication does not dissolve the clot- it just keeps the blood thin to give your own body time to deal with it. The type of medication you are given will depend on your medical history, weight, current medication and the blood tests you have had done when you were seen at the hospital.

The options available will be discussed with you, with an explanation of which one may be best for you. You will be fully counselled regarding the medication and given information to take home.

It is very important that you take these medications every day in the way that has been explained to you. If you miss doses or take them incorrectly, you may increase your chance of the clot growing, or of bleeding, which is a risk with anticoagulant treatment.

Will I have further tests done?

If we cannot find an obvious reason for why a clot occurs, you may receive further tests. The clinician will take a full history and ask a series of questions about your recent general health.

Further tests may include:

- A chest x-ray
- A blood test for the prostate gland in men
- A breast exam in women
- A urine test to check for blood in the urine.

Occasionally, some people will require further tests if symptoms have been detected during your consultation that need to be explored further.

Looking after yourself after DVT

First 6 weeks:

- Any sudden change in blood flow in your legs can make pressure build up behind the clot. Because the blood clot is not yet stable, it can break away. If this happens, it will get trapped in the blood vessels in your lungs (Pulmonary Embolism) which can be life threatening.

If you get any new or unusual chest pain, shortness of breath, or palpitations that do not settle, you should go straight to accident and emergency by ambulance. Tell the team you have been diagnosed with a DVT.

- Over the first 6 weeks your blood clot will stabilise, so it goes from being like jelly to being more solid like 'gristle'. It is then stuck firmly to the vein wall so is much less likely to break away.
- You may also experience increased tiredness during the first few weeks. It is important that you allow your body time to heal during these early weeks.
- Depending on the size of the blood clot and the type of work you do, you may not be fit for work. This will be discussed with the doctor at your diagnosis.

You should do the following to help your blood clot to stabilise:

- ✓ Take your medication as prescribed
- ✓ Get a repeat prescription from your GP as soon as possible
- ✓ Attend your review appointments
- ✓ Stop smoking
- ✓ Keep a healthy weight
- ✓ Keep as mobile as possible
- ✓ Keep your leg raised when sitting
- ✓ Seek urgent medical review if your symptoms are getting worse.

Is there anything I should or shouldn't do?

When you are on anticoagulants, it is important to realise there is a bleeding risk with each of the medications. You will be given a card to be kept on your person at all times stating which anticoagulant medication you are on.

You should avoid:

- Any hobbies or activities which increase this bleeding risk, such as contact sports
- Drinking excessive amounts of alcohol and using recreational drugs
- Taking aspirin and other anti-platelet medication (this may not apply to some patients with heart conditions, so please make sure this is discussed with the team looking after you) or anti-inflammatory drugs such as ibuprofen, naproxen, or diclofenac.

What should I look out for?

Call your GP or call NHS 24 on 111 in the event of:

- Your stool turning black or fresh blood in your stool
- Visibly red/bloody or pink coloured urine
- Bleeding or bruising appearing without any injury
- Nosebleeds that last longer than 20 minutes (see the NHS inform website on how to stop a nosebleed) or bleeding from your gums.

If you have a head injury you should always go to accident and emergency.

How to get the best recovery from a DVT

It is important to optimise your health after having a blood clot by following the below advice.

After having a blood clot, it is important that you have increased protection when having operations in the future or when taking long haul flights. This can be discussed at your review appointment.

Flying and travel

We do not recommend flying for 6 weeks after a DVT. This is because of prolonged sitting in a small space which increases the chance of the blood clot growing.

You must let your travel insurance company know you have a blood clot.

Exercise and lifestyle

We recommend only light walking for the first 6 weeks after a DVT and then exercise can be gradually increased – but it is important to listen to your body. You may be more easily fatigued, your leg may swell more, and you may feel short of breath, so it is important not to push yourself too hard.

Having a blood clot can impact how you feel, especially if it means you have to change your lifestyle or work. Please talk to your loved ones and your doctor if you are struggling. After a time, most people can return to life as it was before the blood clot, but do seek support if you need it.

Who can I contact if I have questions?

We will communicate with your GP regarding your diagnosis and treatment. If you need to contact us, the contact details for your team are on the front page of this leaflet.

Helpful links

- Thrombosis UK: <https://thrombosisuk.org/index.php>
- NHS inform: www.nhsinform.scot/illnesses-and-conditions/blood-and-lymph/deep-vein-thrombosis
- Stop smoking: www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/quit-your-way-scotland
- Healthy weight: www.nhsinform.scot/healthy-living/12-week-weight-management-programme

References:

¹ 2019 ESC Guidelines for the diagnosis and management of acute pulmonary embolism developed in collaboration with the European Respiratory Society (ERS): The Task Force for the diagnosis and management of acute pulmonary embolism of the European Society of Cardiology (ESC). *European Heart Journal*, Volume 41, Issue 4, 21 January 2020, Pages 543–603, <https://doi.org/10.1093/eurheartj/ehz405>

² National Institute for Clinical Excellence Deep Vein Thrombosis guideline November 2020. <https://cks.nice.org.uk/topics/deep-vein-thrombosis/background-information/risk-factors/>

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