

VTE Committee

**Prevention of Venous Thromboembolism on Discharge from Hospital**

## **Preventing Venous Thromboembolism on Discharge From Hospital**

### **What is venous thromboembolism?**

Whenever we cut ourselves, our blood hardens and a scab forms. This is called blood clotting or coagulation, and is a natural protective mechanism triggered by the body. Sometimes this process can go wrong causing a clot of blood to occur within a vein, forming a blockage that can interrupt the normal flow of blood through the blood vessels.

When a clot forms in a vein deep within the leg, this is called a deep vein thrombosis (DVT for short). If a DVT is not treated, a pulmonary embolism - a blood clot that has come away from its original site and become lodged in one of your lungs - may occur. Both of these conditions are examples of venous thromboembolism.

### **Am I at risk of developing venous thromboembolism?**

Just being unwell and in hospital leads to an increased risk of developing a venous thromboembolism, usually in the deep veins of the legs. The risk is particularly high if you have had an abdominal operation or orthopaedic surgery on the hips or knees, and in pregnancy. In some cases, you will still be at increased risk of venous thromboembolism for a period of time following discharge from hospital and may require treatment to help prevent the development of the condition.

### **What are the signs and symptoms of venous thromboembolism?**

In some cases of deep vein thrombosis (DVT) there may be no symptoms, but possible symptoms can include:

- pain, swelling and tenderness in one of your legs (usually your calf)
- a heavy ache in your leg
- increased warmth of the skin of your leg
- redness of your skin, particularly at the back of your leg, below the knee

DVT usually (although not always) affects one leg. The pain may be made worse by bending your foot upward towards your knee.

If you have a pulmonary embolism, you may experience more serious symptoms such as:

- breathlessness, which may come on gradually or suddenly
- a cough. You might cough up some blood
- chest pain, which may become worse when you breathe in
- sudden collapse or blackouts

**IF YOU DEVELOP ANY OF THE ABOVE SYMPTOMS AFTER YOUR SURGERY YOU SHOULD SEEK MEDICAL ADVICE – EVEN IF YOU HAVE PREVIOUSLY BEEN ASSESSED AS AT LOW RISK OF THROMBOSIS.**

**What treatment have I been discharged on to prevent venous thromboembolism?**

*One or more of the following 4 options will be marked to indicate the treatment you require, if any, on discharge from hospital:*

**No treatment**

Your risk of developing a blood clot while in hospital and immediately following discharge was assessed and found to be low, and therefore no preventative treatment is required on discharge from hospital.

**Compression Stockings**

Your risk of developing a blood clot while in hospital and immediately following discharge has been assessed. This assessment has demonstrated that you are at risk of developing a blood clot following your treatment and immediately on discharge from hospital.

You have been fitted for compression stockings. You should continue to wear these stockings on discharge for \_\_\_\_\_ days.

Compression stockings are worn around your feet, lower legs and thighs, and fit tightly to encourage your blood to flow more quickly around your body to help prevent blood clot formation. They need to be worn all day, but can be taken off before going to bed or in the evening while you rest with your leg raised.

As well as wearing compression stockings, you might be advised to raise your leg whenever you are resting. This helps to relieve the pressure in the veins of the calf and stops blood and fluid pooling in the calf itself.

When raising your leg, make sure that your foot is higher than your hip. This will help the returning blood flow from your calf. Putting a cushion underneath your leg while you are lying down should help raise your leg above the level of your hip.

You can also slightly raise the end of your bed to ensure that your foot and calf are slightly higher than your hip.



### **Low Molecular Weight Heparin (LMWH)**

Your risk of developing a blood clot while in hospital and immediately following discharge was assessed and found to be high, and therefore preventative therapy is required on discharge from hospital.

As part of your care in hospital, you were started on Low Molecular Weight Heparin (LMWH) injections to help prevent the development of deep vein thrombosis and pulmonary embolism. This treatment must be continued on discharge with Low Molecular Weight Heparin (LMWH) injections given daily for \_\_\_\_\_ days.

Low Molecular Weight Heparin (LMWH) can rarely cause side effects, including:

- a skin rash and other allergic reactions
- bleeding and easy bruising
- changes to blood cells (to monitor for this a blood sample will be taken within 5 – 10 days of starting treatment)



### **Dabigatran**

Your risk of developing a blood clot while in hospital and immediately following discharge was assessed and found to be high, and therefore preventative therapy is required on discharge from hospital.

Following your operation you were started on anticoagulant therapy to help prevent the development of deep vein thrombosis and pulmonary embolism. This treatment must be continued on discharge with dabigatran capsules (also called Pradaxa), for \_\_\_\_\_ days.

Dabigatran can sometimes cause side effects, including:

- bleeding wounds or wound secretions
- other bleeding problems such as gastrointestinal bleeding
- blood in the urine
- major severe bleeding

Dabigatran may interact with some other medications, including some antibiotics and other medications which affect blood clotting. You should not start taking any new medications while you are on dabigatran, unless your doctor has checked that it is safe to do so.

### **What should I do if I develop any signs or symptoms of side effects related to the preventative therapy I have been prescribed?**

If you feel unwell or if you have concerns about a side-effect, you will need to seek advice. Seek medical advice if you have a nose bleed, bleeding from an injection site, rectal bleeding or any severe bleeding. If you feel very ill, get medical help straight away.

### **What can I do to reduce my risk of developing venous thromboembolism?**

You must ensure that you follow any prescribed therapy as directed by the doctor / nurse / pharmacist and complete the full course of treatment.

You should also make sure you have enough to drink and do not become dehydrated, and, if possible, exercise or become more mobile as soon as is practicable.

### **What should I do if I develop any symptoms suggestive of venous thromboembolism?**

Deep vein thrombosis and pulmonary embolism are serious conditions that require urgent investigation and treatment. You need to seek immediate medical attention as soon as possible if you believe you have symptoms suggesting a blood clot

## Data Protection

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

Information Leaflet:	NoIL286
Version:	3
Title:	Preventing Venous Thromboembolism on Discharge from Hospital
First Published:	July 2010
Last Review:	May 2015
Review Date	May 2017
Author:	Neil Gammack and Thrombosis Action Group

**This leaflet can be made available in other languages and formats upon request**