

Here are steps you can take to reduce the recurrence of blood clots:

- Tell your HCP and other family members if there is a history of blood clots
- If you have to be confined to a bed, ask your HCP about options to prevent blood clots
- Get up and move if you've been sitting or traveling for a long time. Stand up, walk, and stretch your legs every two to three hours
- Maintain a healthy weight
- Don't smoke or take steps to quit smoking
- Your HCP may prescribe compression stockings to alleviate persistent pain and swelling.

What are the long-term complications of blood clots?

Most patients do not develop long-term complications and recover completely. However, some can develop the following complications:

- Post-thrombotic syndrome: persistent swelling, pain, and discoloration of the skin in the affected arm or leg
- 2-4% of PE patients will have chronic lung damage (thromboembolic pulmonary hypertension)
- Further episodes of clotting
- Anxiety and/or depression

Contact your HCP if these symptoms do not improve.

Blood Clot Treatment and Recovery

A Patient's Guide



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You have been diagnosed with a blood clot in a vein.

Here is information your healthcare provider (HCP) wants you to know:

What is a blood clot?

A blood clot that forms in the deep veins, usually in a person's leg or arm, is called deep vein thrombosis (DVT). It can block the flow of blood causing swelling, pain and red or purplish discoloration. Sometimes these clots break off and travel to the lungs. This is a more serious medical condition called a pulmonary embolism (PE) that can be life-threatening and requires immediate medical attention.

What is the treatment for blood clots?

The primary treatment is medication that prevents abnormal clotting, known as an anti-coagulant or "blood-thinner". Blood-thinners increase the time it takes for blood to clot. They stop new blood clots from forming and keep existing clots from growing larger. They do not dissolve a clot. However, by preventing clots from getting bigger, they allow your body's own clot busting system time to dissolve existing blood clots.

Blood-thinners may be given as:

- a pill by mouth
- an injection (shot) into the skin
- an injection into a vein (IV)

Common anticoagulant medicines include:

- Coumadin®, Jantoven® (warfarin)
- Lovenox® (enoxaparin)
- Savaysa® (edoxaban)
- Pradaxa® (dabigatran)
- Eliquis® (apixaban)
- Xarelto® (rivaroxaban)



Talk to your HCP about which medication is right for you. The treatment goals are:

- Stop an existing clot from growing
- Prevent the formation of a new clot that could break off, travel to the lungs and become a PE
- Avoid or minimize long-term complications

It is very important to take your blood clot medicine as prescribed to avoid serious complications, like another clot.

Your treatment will continue until your HCP determines you are no longer at risk for a recurrence. This decision depends on a number of factors such as:

- The location of the clot
- The reason why a blood clot formed (the risk factors that contributed to your clot)
- How well you have tolerated the blood thinner
- Your future bleeding risk

What are potential side effects of blood thinners?

The most common side effect is the risk of bleeding. Symptoms of bleeding include:

- Blood in your urine or stools
- In women, heavy bleeding during a period or other heavy vaginal bleeding
- Severe bruising
- Prolonged nosebleeds (lasting longer than 10 minutes)
- Coughing up blood

For any type of bleeding, seek medical help as soon as possible if it does not stop as quickly as you would expect.

When can you resume normal activities?

- If you had symptoms such as pain and swelling, they usually improve days after you start your medicine and you can resume most normal activities at that time.
- Safely resuming exercise and sports is a decision to make with your HCP, and depends on your physical condition. Walking or swimming are usually considered good choices as exercise.

- Some HCPs suggest waiting a few weeks to travel after a blood clot. When you do resume traveling, move around at least 5 minutes every two hours and stay well hydrated.



As you recover from this clot, how can you prevent another blood clot from forming?

First, know your risk for blood clots. Risk factors include:

- A previous blood clot and/or a family history of blood clots
- Hospitalization for illness or surgery, especially knee or hip replacement
- Severe trauma, like a car accident, broken bone or severe muscle injury
- Cancer and cancer treatments
- Birth control or hormone therapy with estrogen
- Pregnancy, which includes the twelve weeks after the baby is born
- Smoking
- Age 55 or older
- Chronic illnesses such as heart and lung conditions, or diabetes
- Obesity
- Confinement to bed
- Sitting too long, especially with legs crossed
- Long travel (> 4 hours).

Second, recognize the signs and symptoms of blood clots and contact your HCP:

- Swelling, usually in one leg or arm
- Leg pain or tenderness that feels like a cramp or Charlie horse
- Reddish or bluish skin discoloration
- Leg (or arm) warm to touch.

The signs and symptoms of a PE include:

- Sudden shortness of breath
- Chest or back pain-sharp, stabbing; may get worse with deep breath
- Rapid heart rate
- Unexplained cough, sometimes with bloody mucus.

CALL AN AMBULANCE OR 911 IMMEDIATELY IF YOU EXPERIENCE THESE PE SYMPTOMS.