



Northumbria Healthcare
NHS Foundation Trust

Prevention of Venous Thromboembolism (VTE) when in hospital

Issued by Thrombosis Committee



This guide is for all patients admitted or planning to be admitted to hospital in the near future. It is intended to help you understand venous blood clots (called venous thromboembolism or VTE for short) which can form in your body after illness or surgery. After reading this guide, you may wish to discuss VTE with your doctor and ask about the best way to reduce the likelihood of this condition.

What is VTE?

VTE is the name given to a deep vein thrombosis (called DVT for short) or a pulmonary embolism (called PE for short). A DVT is a thrombus (blood clot) that forms in a deep vein, most commonly in your leg or pelvis and can cause swelling and pain.

In the longer term, DVT can cause painful, long-term swelling and ulcers. If a clot becomes dislodged and passes through your circulation and reaches your lungs, this is called a PE and can cause coughing (with blood-stained phlegm), chest pain and breathlessness.

VTE diagnosis requires immediate treatment. If you develop any of these symptoms, either in hospital or after discharge, please seek medical advice immediately.

Is VTE common?

VTE occurs in the general population in about one in 500 people. You may have heard in the news about DVT in people flying for long periods and suffering from what has been labelled 'economy class syndrome', but you are much more likely to get VTE if you are going into hospital because of illness or for surgery.

Who is at risk?

In addition to admission to hospital, there are other factors which place you at greater risk of VTE. These include:

- Aged over 60.
- Immobility.
- Surgery lasting more than 60 minutes.
- Previous episode of VTE with yourself or close family member.
- Being overweight.
- Recent diagnosis of cancer.
- Being on certain oral contraceptives or Hormone replacement therapy.
- Having certain medical conditions like heart or respiratory failure, blood conditions, inflammatory bowel or joint problems.

Will my risk be assessed?

The government recognises VTE is an important problem in hospitals and has advised that everyone being admitted to hospital should have a risk assessment completed. Your individual risk for VTE will be assessed by your clinical team. If you are at risk, a member of the clinical team will discuss with you what can be done to reduce your risk and will follow national guidelines and offer you protection against VTE.

What can I do to reduce my risk of VTE?

If your hospital admission has been planned several weeks in advance, there are some precautions which you can take to reduce your risk of VTE:

- Talk to your doctor about your contraceptive or hormone replacement tablets. Your doctor may consider stopping them in the weeks before your operation.

- Avoid travelling for more than three hours at any one time in the month before your operation if possible.
- Keep a healthy weight.

When in hospital:

- Keep moving or walking; leg exercises are valuable. You can ask to see a physiotherapist if you would like to learn some leg exercises.
- Ask your carers: “What is being done to reduce my risk of VTE?”.
- Drink plenty of fluid to keep hydrated.

In hospital, what will be done to reduce my risk of VTE?

If you are having an operation, ask your anaesthetist to consider which type of anaesthesia is most appropriate for you.

Anti-embolism stockings – if considered appropriate by your health care team, you will be measured and fitted with knee-length stockings depending on your leg measurements. You should be shown how to wear them and advised to report any new symptoms in your feet or legs when wearing them to a doctor or nurse. These will reduce your risk of VTE.

Your doctor might consider that you should have an anticoagulant injection or tablet, which reduces the chance of your blood clotting and stops DVT from forming. The drug normally prescribed in Northumbria Trust is tinzaparin, which is given by injection. There are new drugs in tablet form which may be offered to you.

What happens after I have been discharged from hospital?

Anti-embolism stockings should be worn from admission until you return to your usual level of mobility. If you have been advised to continue anticoagulant medicine at home and you need help with administration of injections or tablets, please ask your nurse before discharge. If you develop any signs or symptoms of VTE at home, then seek medical advice immediately, either from your GP (home doctor) or your nearest hospital emergency department.

Are there any risks in the treatment used to prevent VTE?

The main risk from using anti-embolism stockings is that they may constrict the blood flow to your legs and cause skin injury. You should report any new leg symptoms to your doctor or nurse when wearing these stockings.

The drugs we use to prevent thrombosis may cause bleeding. You will be assessed for your bleeding risk on admission to hospital. However, if you notice any bleeding you must report this to your nurse or doctor. If you are on anticoagulant medicines at home and you notice any bleeding (including bleeding from surgical wounds) you will have to stop your medicine and contact your GP.

Some injectable drugs used to prevent blood clots may be of animal origin. If this is of concern please discuss this with your doctor or nurse.

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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