



Northumbria Healthcare
NHS Foundation Trust

Information for patients who have been diagnosed with a venous thromboembolism (VTE)

Issued by the haematology department

This leaflet is intended to help you understand the diagnosis and management of venous blood clots (called venous thromboembolism or VTE for short).

After reading this leaflet you may wish to discuss VTE with your doctor or specialist nurse.

What is VTE?

VTE is the name given to a blood clot that forms in a vein. There are 2 main kinds;

Deep Vein Thrombosis (DVT)

A DVT is a blood clot that forms in a deep vein most commonly in the leg or pelvis. They may cause no symptoms at all or cause pain, swelling and redness. In the longer term, DVT can cause persistent pain, swelling, ulcers. If a DVT becomes dislodged it can pass through your circulation into your lungs. This is called a pulmonary embolus (PE).

Pulmonary Embolus (PE)

A PE is a clot in the blood vessels in the lungs. It can cause chest pain, cough (with blood stained phlegm) and breathlessness.

In this leaflet we will refer to DVT or PE as VTE.

What causes a VTE?

Sometimes a reason cannot be found as to why a blood clot has formed, but there are factors that we know increase the risk of developing a VTE including:

- Age over 60
- Immobility
- Surgery
- A previous blood clot or a family history of blood clots
- Being overweight
- Being on certain contraceptives that contain oestrogen or hormone replacement therapy (HRT)
- Having other medical conditions such as heart or chest problems, inflammatory bowel disease
- Pregnancy (during or just after)
- Having a diagnosis of cancer
- Long haul flights of more than four hours duration

What symptoms can I expect?

It is normal to feel anxious after you have been diagnosed with a blood clot. We hope that the information you were given from the practitioner at time of diagnosis, as well as in this leaflet, and in the links below will help.

It can take some months for the symptoms of a blood clot to improve, even after the blood clot itself has dissolved away.

If you have had a DVT, your leg may remain more swollen, particularly towards the end of the day. Your leg may feel heavy or achy and can be discoloured. These symptoms often improve in time but if they do not, please let us or your general practitioner (GP) know. Sometimes support stockings can help and we can arrange these for you.

If you have had a PE, it can also take time, sometimes up to 6 months, to get back to your previous levels of fitness and for any discomfort you might have had to completely resolve. If your symptoms are not improving after this time period then we may need to do some more tests.

How is a VTE treated?

If you have a VTE, your doctor will prescribe you an anticoagulant, which is a medicine that stops the blood from clotting as quickly as normal. This will be prescribed as a tablet or injection, as instructed by your doctor. This will stop the blood clot from getting any larger or from moving while your body works to get rid of the clot.

Please do not stop your blood thinning medication before the end of your prescribed course without discussing this with your doctor. Stopping your medication too soon can increase the risk of having another blood clot.

If you miss a dose, refer to product information leaflet that comes with medication box, or contact your pharmacist. For more info you can see <https://www.nhs.uk/conditions/anticoagulants/dosage/>. Never double up your medication.

As with all medicines, you may experience side effects. In particular, the anticoagulant may cause bleeding, which may not be obvious. Please seek immediate medical attention if you have prolonged or excessive bleeding, excessive tiredness, paleness, dizziness, breathlessness, chest pain or angina.

What do I need to do after I go home?

Pain relief: If you need a painkiller, paracetamol is safe to take with anticoagulants. Aspirin and non-steroidal anti-inflammatory drugs, such as ibuprofen, should be avoided (unless under the guidance of your GP) as they may interfere with your treatment.

Diet and alcohol: Try to eat a healthy, balanced diet, and to avoid excessive changes in your weight during your treatment. Alcohol can interfere with warfarin, so it is recommended that you do not drink more than one to two units of alcohol per day if you are prescribed warfarin.

Exercise and rest: You may find that your physical activity is limited due to your symptoms. Avoid prolonged periods of exercise in the first few weeks, and ensure you take enough rest.

Other medication: Always check with your GP or pharmacist before taking any medication, including herbal or alternative treatments, to ensure they are safe to take with your treatment. Some medications can increase the risk of blood clots and generally should be avoided once you have had a blood clot. These include combined oral contraceptive pills, hormone replacement therapy and some hormonal tablets used to treat cancer. Please discuss this further with your doctor if you have concerns.

Travel: Ideally, long distance travel is not advisable for at least 4 weeks after your diagnosis. In the majority of cases, it is safe to travel after this but you should stay well hydrated, mobile where possible and consider wearing flight socks.

Dental treatment: You should continue your prescribed anticoagulant medication prior to routine check ups and dental treatments. Please discuss with your dentist before invasive planned procedures what to do with your anticoagulant medication.

Pregnancy: If you're taking oral anticoagulant medication you should use contraception when having sex to avoid becoming pregnant. If you're on anticoagulants and find out you're pregnant, or plan to start trying for a baby, speak to your GP or anticoagulant clinic about stopping or changing your prescription. There are anticoagulants that are safe in pregnancy – these include enoxaparin and tinzaparin.

Will I need monitoring on anticoagulation treatment?

Certain anticoagulants require you to have regular blood test monitoring – if you are started on a medication that requires you to have blood test monitoring you will be informed and an appointment will be made to initiate this by your doctor.

People starting on direct oral anticoagulants (DOACs) such as apixaban, rivaroxaban and edoxaban need blood tests yearly. People starting on warfarin require regular blood testing – this will be at least weekly to begin with but may reduce to being every few weeks as time goes on.

Will I have a hospital follow-up appointment?

Once your VTE has been diagnosed and you have started treatment, you may not need follow up in a hospital clinic. If you do, your doctor or nurse will inform you to expect an appointment in the VTE clinic which is a telephone clinic. Your clinic appointment should be within 3 months of your VTE diagnosis.

Useful sources of information

NHS Choices www.nhs.uk/conditions/blood-clots

Thrombosis UK www.thrombosisuk.org

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: 07815 500015

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111

www.northumbria.nhs.uk



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