

Reducing the risk of blood clots ('VTE')



Depending on your risk factors you may also be offered one of the following:

- a low dose of an anticoagulant drug
- compression stockings
- a compression device which inflates at regular intervals to squeeze your legs and encourage blood flow.

What medicine will be prescribed to prevent a blood clot developing?

If the doctor considers that you need medicine they may prescribe a tablet or daily injection into your abdomen. Every patient is assessed individually and the length of time you need the medicine will depend on why you are in hospital.

When you go home

If you are discharged from hospital before your course of injections has finished, the doctor may advise you to complete the course at home and you will be shown how to do this.

We will also give you a yellow box for disposal of the used needles (called a 'sharps box'). When you have completed the course of injections, you must dispose of the sharps box by taking it together with any unused syringes to your GP or your local pharmacy. Please ensure the sharps box is sealed according to the instructions on the box. **It is important you do not dispose of this with your household rubbish.**

What if I am too unwell to self administer?

If for any reason you are unable to continue with the injections yourself, and there is no-one to help you, the ward staff will make arrangements for your local district nurse to come and administer the remainder of the course of injections.

How long am I at risk after I go home?

Your level of risk may continue for some time after you return home, depending on your general health and condition and the time it takes for you to return to normal levels of mobility.

It is therefore important to continue wearing the stockings or to continue with the injections for as long as the medical staff have advised you.

Remember you can also help reduce the risk by stopping smoking, taking regular exercise and drinking plenty of fluids.

If you develop persistent:

- pain and swelling of one leg;
- breathlessness;
- chest pain; or
- cough up blood;

you should contact your local doctor as these symptoms might be due to VTE.

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Introduction

This leaflet is about reducing the risk of blood clots occurring in patients admitted to hospital. This condition is known as 'venous thromboembolism' or 'VTE'.

What is VTE?

VTE is where a blood clot (called a thrombus) forms in a vein. The most common form is a blood clot in the deep veins in the legs known as a deep vein thrombosis or DVT. This can happen when you are immobile for a period of time and slow moving blood collects in one area and forms a clot. If the blood clot then moves and travels in the blood, it is known as an embolism.

Why are we assessing you?

VTE is a serious condition which can cause severe pains, swelling, skin changes and sudden collapse. However, if managed correctly, the risk of hospital acquired VTE is reduced.

Who is at risk?

Anyone can develop a blood clot, although it becomes more common with age. As well as age, other risk factors include:

- previous history of blood clots
- family history of blood clots
- medical conditions such as cancer and heart failure
- some infectious diseases
- inactivity (such as after an operation) or being confined to bed
- being overweight or clinically obese.
- having certain types of surgery
- being pregnant or having recently given birth

- being on the oral contraceptive pill or taking hormone replacement therapy.

How can you prevent VTE?

You can reduce your chances of developing VTE by stopping smoking, losing weight if you are overweight and walking regularly to improve the circulation in your legs.

If your operation is planned and you take a drug such as aspirin to prevent blood clots, you may be advised to stop taking this one week before your operation. We will then provide the same or alternative medication once you have had your operation. If you have any queries about stopping or restarting your medication, please ask the staff.

There is less risk of DVT when you have a local rather than general anaesthetic. If it is possible for you to have a local anaesthetic, your healthcare team will discuss this with you.

Your assessment on admission

We will carry out an assessment on all adults aged over 18 on admission to hospital. This assessment will be carried out by a doctor. If the doctor believes you may be at risk of developing a blood clot, they may prescribe you drugs to prevent this developing. The prescription of drugs to prevent a condition occurring is known as 'prophylaxis'.

While you are in hospital

It is important that you do not become dehydrated and unless you are 'nil by mouth' you must make sure you have enough to drink.

We will advise you to move around as soon as you are able to. To help improve your circulation there is a free video on the Hospedia system with some exercises for you to follow if your mobility allows.



General Information

Patient Advice and Liaison Service (PALS) is here to provide help, advice, support and information and to listen to your suggestions and concerns.

01223 216756

Do you have a learning disability?

If you need help or support coming into hospital, please contact the learning disability specialist nurse via the hospital contact centre.

Need someone to talk to?

We are here to help you. Please call Chaplaincy
01223 217769

Help with this leaflet



Audio, large print
or other languages



Please contact Patient Information
01223 216032

or go to

www.cuh.org.uk/patientinformation



Wi-Fi and Mobiles

For details of free Wi-Fi availability and the use of mobile phones, please ask the ward staff.



No Smoking Policy

We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on
0800 0224 332