

This leaflet is about the care and treatment of patients who are at risk of developing a blood clot, both during a hospital stay and after discharge home. The information aims to help you understand the care and treatment options that are available. It does not describe blood clots, tests or treatments of blood clots.

What is a blood clot and why am I at risk

When you are inactive for a period of time blood tends to collect in the lower parts of your body, often in the lower leg. This makes your blood move around your body more slowly, which can trigger the formation of a blood clot (also known as a thrombus). Blood clots are therefore more common in people who are immobile, but may also occur in those who are unable to move around as much as usual, for example when travelling or following an operation, when veins may also have been damaged.

A blood clot may develop in the body at any time during or after a period of inactivity. When a clot forms in one of the deep veins in your leg, thigh or pelvis it is known as a deep vein thrombosis (DVT).

The clot itself is not life threatening, but if it becomes loose it can be carried in your blood to another part of your body where it can cause problems, this is called a venous thromboembolism (VTE). If the clot travels to the lungs, it is called a pulmonary embolus (PE), which can be fatal. Even if the blood clot does not come loose, it can still cause long-term damage to your veins.

Risk factors

All patients with decreased mobility are at risk of developing a blood clot, but some are more at risk than others especially whilst in hospital.

Risk factors are increased when:

- you have cancer
- you or your family have a history of blood clots

- you have a severe infection
- you have severe inflammatory bowel disease, Crohn's or colitis
- you have longstanding problems with your heart or lungs
- you are on the combined contraceptive pill* or take HRT
- you have inflamed varicose veins (phlebitis)
- you are overweight (with a body mass index of over 30)
- you are unable to move around
- you have been on a journey of more than 3 hours during the 4 weeks before your operation (air/train/coach), or if you take a long journey during the 4 weeks afterwards
- you are over 60 years of age
- you have a condition that makes your blood clot more easily

*We may advise you to stop the pill before an operation

What I can do to reduce the risk of developing a clot

- Maintain good fluid intake and keep mobile, or do leg exercises while you recover
- Use devices that help stop the blood collecting in your veins
- Take medicines that reduce the risk of your blood clotting

The devices we use in this hospital

Pneumatic Compression Devices are mechanical calf pumps that encourage blood flow in your lower legs (these are only used on some patients, as most will be offered stockings)

Compression stockings are tight stockings specially designed to reduce the risk of blood clots. The stockings squeeze your feet and lower leg (and thighs - if you have full length stockings), this helps the blood to move around your body more quickly. It is important to wear the stockings as much as you can.

You should not wear stockings if you suffer from any of the following:

- Gangrene/ dermatitis / recent skin grafting
- Peripheral vascular disease / arteriosclerosis
- Pulmonary oedema (an excess of fluid in the lungs due to heart failure)
- Gross limb cellulitis
- Extreme leg oedema
- Extreme deformity of the leg
- Peripheral neuropathy
- If your leg is larger than those listed in the fitting instructions

What should I do with my stockings?

- Ensure the tops of the stockings are not rolled over or turned down, as this can form a tight band around your leg
- Avoid using creams, lotions or oils as they can damage the elastic threads that help keep the stockings tight
- Ensure the nurses inspect the skin on your legs at least once a day

Problems I may have wearing the stockings

- You may have an allergic reaction to the material the stockings are made from
- You may notice some redness or pressure over bony areas
- You may notice changes to your circulation

After an operation – what I can do

You should move about as soon as possible after your operation, if you cannot move around easily you should exercise your legs in bed, by rotating your ankle, bending your knees and moving your foot up and down at regular intervals every day.

You are still at risk of developing a blood clot in the days and weeks after your operation, this risk continues until you are back to your usual level of activity. You may need to wear your stockings when you are at home, so you should make sure you follow the safety tips above. You may be given injections or tablets to reduce the

risks of your blood clotting which you should take as prescribed by your doctor.
You should avoid long periods of travel for 4 weeks after your operation.

How to tell if I have a blood clot

You should contact your nurse or doctor immediately in the days and weeks after your operation if you experience any of the following

- You have pain or swelling in your leg (not associated with your surgery)
- The skin on your leg is hot or looks discoloured (not associated with surgery)
- Your feet feel numb or tingly
- You become short of breath
- You feel pain in your chest, back or ribs which gets worse if you breathe in deeply
- You cough up blood

Further information

Anticoagulation Europe 020 82896875
(www.anticoagulationeurope.org)

Lifeblood: the thrombosis charity 01406
381017 (www.thrombosis-charity.org.uk)

NHS Direct 08454647 (www.nhsdirect.nhs.uk)



Musgrove Park Hospital

Reducing the risk of a blood clot and the use of anti embolic stockings