

# Deep vein thrombosis



## Information for patients

Specialised Medicine



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## What is a Deep Vein Thrombosis (DVT)?

A deep vein thrombosis (DVT) is a blood clot (thrombus) in a deep vein in the body. DVTs generally occur in the leg, but can also occur in the arm. The blood clot blocks the flow of blood in the affected vein, either partially or completely. This can lead to swelling, redness and/or pain.

## What causes a DVT?

DVTs can be:

- **provoked**; where there is a trigger, or obvious cause, or
- **unprovoked**; where no cause can be found.

A DVT is more likely to happen if you:

- are over 60
- are overweight
- smoke
- have had a DVT before
- take the oral combined contraceptive pill or HRT
- have cancer or heart failure
- have varicose veins.

You are also at increased risk of DVT if you:

- are staying in, or have recently left hospital
- are, or have recently been pregnant
- go on a long journey (by plane, car or train)
- have had surgery or a serious limb injury or infection.

## **Is there a link between DVT and cancer?**

Some types of cancer or cancer treatments such as chemotherapy or radiotherapy, increase the risk of developing a DVT.

## **How are DVTs treated?**

DVTs are usually treated using anticoagulant medication. This stops the blood clot getting larger and prevents new blood clots from forming. Your body, on its own, will break down the blood clot that has already formed. Anticoagulant treatment comes in various forms including:

- Low molecular weight heparin (LMWH) injections
- Direct oral anticoagulants (DOACs) such as Rivaroxaban, Apixaban or Edoxaban tablets
- Warfarin tablets

Your doctor or nurse will discuss treatment options with you.

## **Anticoagulant alert card**

You will be given an anticoagulation alert card for whichever treatment is used, and you should keep this with you whilst you are taking the anticoagulant medication.

## **How long will I need to take anticoagulants for?**

Most patients are advised to take treatment for at least 3 months, sometimes for longer. This will be discussed with you when you are seen for a follow up appointment (see below). It is important to keep taking your treatment and not miss any doses until you are advised it is safe to stop.

## **Are there any other options?**

If anticoagulant medicines are not suitable, you may have a filter put into a large vein in your tummy (the vena cava). The filter traps and stops a blood clot travelling to your heart and lungs.

A newer treatment involves breaking up and sucking out the clot through a small tube in the vein. You usually need to take anticoagulant medicine for several months after this treatment.

## **What happens if I'm pregnant?**

DVT in pregnancy is treated differently. It is treated with anticoagulant injections for the rest of the pregnancy and until the baby is 6 weeks old.

## **Are there any risks with having anticoagulants?**

Anticoagulants, like all medications, may have side effects, and may interact with other medicines.

You may find that you bleed more easily and any bleeding you have may be slower to stop (such as a nosebleed, or after a scratch). In everyday life this should not affect you and most people taking anticoagulant medications have no bleeding problems.

Women can develop heavier menstrual periods when taking an anticoagulant. If your periods are interfering with your quality of life or causing you concerns please do ask your GP or Thrombosis Nurse in the Anticoagulant Clinic for advice.

## **Can I take anticoagulants with other medicines?**

If you need to start any new medication, always check with your GP or pharmacist that it is safe to take with anticoagulants. If you need a painkiller, paracetamol is safe to take with anticoagulants, but aspirin

and non-steroidal anti-inflammatory drugs such as ibuprofen should be avoided unless advised by your doctor.

## **What should I expect when I go home?**

It is normal to have continued swelling, redness and pain in your leg when you go home. This usually begins to improve within 2-3 weeks of starting treatment. Elevating your leg and taking painkillers will help. Avoid standing or sitting for long periods of time.

## **Is there anything I should look out for when I go home?**

You should seek medical advice immediately by urgently contacting your GP or returning to the A&E department if you develop:

- severe central chest pain or severe breathlessness
- loss of consciousness or dizziness on exertion
- an injury to the head with any loss of consciousness
- bleeding from your bowels or when you pass urine
- if your bowel motions become black and sticky as this can be a sign of bleeding from the bowel
- prolonged nosebleeds or any other bleeding of concern
- increasing pain or swelling in your limb, that does not improve with painkillers and elevation
- any new or worsening coldness or numbness in your limb

## **When can I return to usual activities and work?**

This depends on your symptoms and the size of your DVT. The time it takes for symptoms to improve varies for each person. As a general rule, while symptoms of pain and swelling continue, you should avoid high impact activities such as running or manual work.

## **Do I have to wear stockings?**

The stockings are to improve the blood flow in the legs, reduce pain and swelling. If possible it is recommended that you wear the stockings for 2 years.

Stockings (compression hosiery) are measured specifically to fit you. To have them fitted you will be offered an appointment in the Orthotics Department.

If you can, it is best to wear the stockings all day, you do not need to wear them at night.

Stockings need to be replaced every 6 months. This can be arranged through your GP.

## **Is it safe to travel?**

You should delay any flights or long journeys until at least 2 weeks after you start anticoagulant medicine. You also need to inform your travel insurance company that you have had a DVT. Try to book an aisle seat, avoid alcohol and keep yourself well hydrated by drinking plenty of water.

Car and train travel can be undertaken as usual but we recommend regular stops (every 2 hours) for a short walk.

## **When will I get a follow up appointment?**

Most people who have a DVT will be seen at an outpatient appointment within three months. This may seem like a long time to wait for an appointment, but it is important that the medication given to you has time to work. You will be seen in clinic and if you are still having problems these can be discussed then. It is not usual practice to re-scan patients who have had a DVT. If swelling and pain have improved it is likely that the clot will have gone.

## **Further information**

More information is available on DVTs from the NHS website:

<https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

### **Questions for clinic appointment**



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