How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the main entrance of the hospital and at the entrance to every ward before coming in to and after leaving the ward or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

If you require an interpreter or need a document in another language, large print, Braille or audio version please ask for assistance.

Deep vein thrombosis – reducing the risks

Information for patients

This leaflet explains how we reduce the risks of deep vein thrombosis (DVT) and pulmonary embolism (PE) during and after your stay in hospital.
Your blood has a mechanism that normally forms a ‘plug’ or clot to stop the bleeding when you are injured, for example when you have a cut to your skin. Sometimes the blood’s clotting mechanism goes wrong and forms a blood clot when there has been no injury.

When the blood clot is deep inside one of the veins in your body, most commonly in the leg, it is called deep vein thrombosis (DVT). If the blood clot comes loose it can travel through your bloodstream to your lungs. This is called pulmonary embolism (PE) and it can be fatal. DVT and pulmonary embolism together are known as venous thromboembolism.

DVT is more likely to happen when you are unwell and inactive or less active than usual. When you are unwell your blood may become temporarily ‘sticky’ and flow more slowly. This makes it more likely that a blood clot will form inside a vein. People in hospital can be at risk of DVT because they may be unwell and inactive for long periods of time. DVT can happen at any time during a stay in hospital or in the weeks after leaving hospital.
Reducing your risk of DVT

Before you go into hospital

If you are having an operation please tell us if you are taking an oestrogen-containing oral contraceptive (the ‘combined pill’) or having hormone replacement therapy (HRT), - these drugs increase the risk of clots and you may need to stop them temporarily.

We will assess your risk of DVT when you are admitted to the hospital

Your risk of developing DVT depends partly on why you have been admitted to hospital and the type of treatment you will have. Some people also have certain ‘risk factors’ that make them more likely to develop DVT.

In practice, most people admitted to hospital are at increased risk of DVT, particularly if the illness is severe or if they have had major surgery’.

We will choose the best ways of reducing your risk of DVT – these are the methods available:

Early mobilization - sometimes (for example, after day case surgery) all that is required is to get up and move around as soon as you are able – we will encourage you to do this!

Heparin - a daily injection greatly reduces the risk of DVT but can’t be used for everyone as it may increase the risk of bleeding.

Anti-embolism stockings - are often helpful, but we have to be careful where there is poor blood flow or impaired sensation in the legs – in this situation foot impulse devices might be more suitable.

Anticoagulation tablets - some people need to continue or start them during their hospital stay, particularly if they have had some types of orthopaedic surgery.

When you leave hospital

You may need to continue to take precautions against DVT. The risk of DVT continues for some weeks after your hospital stay, so it may be necessary to keep wearing the stockings, or taking injections or tablets to reduce the risks. The length of the risk period is variable - we will advise you on what you need to do when you go home.

Watch out for signs of DVT or PE. A DVT usually causes a leg to swell and hurt. A PE causes shortness of breath, chest pain or rarely sudden collapse.

Watch out for signs of bleeding if you are still taking anticoagulant injections or tablets. These include bruising, nosebleeds, blood in the urine or stools, heavy periods, or excessive tiredness or pallor.

If you are worried, phone your GP, or NHS Direct on 0845 4647 straightaway!