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 sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
Follow us on Twitter @buckshealthcare

Suspected Pulmonary Embolism (PE) in Pregnancy

Patient information leaflet
If you require a translation or an alternative format of this leaflet please call the Patient Advice and Liaison Service on 01296 316042.
What is a pulmonary embolus?

A deep vein thrombosis (DVT) is a blood clot that forms in one of the deep veins of the leg. If the clot moves to the lung it is called a pulmonary embolus or embolism (PE).

What symptoms might I have with a DVT or a PE?

A DVT causes swelling, pain and skin reddening in the leg, most commonly below the knee in the calf.
A PE can cause:
• sudden unexplained difficulty in breathing
• tightness in the chest or chest pain
• coughing up blood
• an increased heart rate or palpitations

Contact telephone numbers

Wycombe Hospital Nuclear Medicine Department:
Tel: 01494 425189

Stoke Mandeville Hospital Nuclear Medicine Department:
Tel: 01296 316927

Further Information links

NHS Choices
http://www.nhs.uk/conditions/pulmonary-embolism/Pages/Introduction.aspx

Royal College of Obstetricians

Health Protection Agency
Conclusion

It is very important to make a diagnosis of PE as soon as possible. It is not advisable to wait until you have delivered your baby. These tests are the most accurate way to confirm if you have a PE. The results will be made available to your doctor as soon as possible in order to start the correct treatment for you.

How common is a PE and why is it important to diagnose?

Women have a five times increased risk of developing a PE both during pregnancy and for up to six weeks after delivery. Although rare, it can be life-threatening if not treated immediately.

If your doctor is concerned that you might have a PE, it is very important that you have tests to confirm this diagnosis.

It is important to know about a PE:
• before you go into labour,
• for future contraceptive choices
• planning further pregnancies.

Just because you have some or all of the symptoms listed on the previous page, does not mean you have a PE. A normal pregnancy or other problems such as a chest infection or a collapsed lung can also cause similar symptoms.
What tests will I need to make the diagnosis?

If there is concern you might have a PE, the doctors looking after you will take advice from a Consultant Radiologist about which tests you should have and in which order. They will consider your previous medical history especially allergies, kidney function and what stage your pregnancy is. They could include:

- Chest x-ray
- Doppler ultrasound scan of the legs
- Lung perfusion scan (Q scan)
- CT pulmonary angiogram (CTPA)

It is usual to have more than one test to reach a diagnosis. Some of these tests will expose you and your baby to radiation. Radiation is a form of energy we are all exposed to all of the time. It comes from the sun, the earth and our food and is known as background radiation. To give an example, a chest x-ray is equivalent to approximately 3 days background radiation and a lung perfusion scan to approximately 6 weeks worth.

What are the risks from these tests?

The radiation doses used in these tests are kept as low as possible and are well within the limits considered safe for you and your baby.

The small risks associated with these tests have to be weighed up against the risks to you and your baby from an undiagnosed pulmonary embolus and prolonged unnecessary treatment with blood thinning injections (anticoagulants). The risk of dying from an untreated PE is 15-30%.

- A chest x-ray uses a very small dose of radiation and the baby will be shielded as much as possible.
- In a perfusion scan you are given a reduced dose of radiation.
- A CTPA scan delivers a bigger dose of radiation to the mother than a perfusion scan.
- The risk of harm to you or your baby is extremely low but if you would like further information or have any other questions about the procedures please ask the Radiographer.