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Patient Information; Dedicated helpline;
Support networks; Educational events.

Helpline Tel: 0300 772 9603
Website: www.thrombosisuk.org

How can I help reduce healthcare associated infections?

Infection prevention & control is important to the well-being of our patients and for that reason we have infection prevention & 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 and 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 as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

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Buckinghamshire Healthcare
NHS Trust



Advice for patients following a blood clot

Patient information leaflet

If you require a translation or an alternative format of this leaflet please ask a member of staff

Safe & compassionate care,

every time

Introduction to venous thromboembolism (VTE)

Every year, thousands of people in the UK develop a blood clot in a vein. It is known as Venous Thrombo Embolism (VTE) and is a serious medical condition.

VTE is the collective name for:

Deep Vein Thrombosis (DVT) – a blood clot in one of the deep veins in the body, usually in one of the legs

Pulmonary Embolism (PE) – a blood clot in the blood vessel that carries blood from the heart to the lungs

Anyone can get a blood clot, but you are more at risk if you have:

- been in hospital
- have had surgery
- had a serious injury
- been immobile
- are pregnant
- have cancer.

What are the warning signs of a new DVT?

Swelling and pain. It often feels like a persistent cramping in the calf. A sensation of fullness/pressure/swelling/tightness occurs, especially when rising from sitting to standing position. It is also described as an odd pulling sensation or tingling that does not go away.

What are the warning signs of a new PE?

If you have shortness of breath, fainting, or chest pains (particularly pains that worsen with coughing or change in position), you should contact your GP or out of hours service immediately.

What should I do if I think I have another clot?

If your treatment has finished you will need to see your GP, or go to the Accident and Emergency department.

If I am no longer taking anticoagulants, and I suspect a new clot, should I restart taking them until I can seek medical attention?

No. You should not start taking any medication without discussing with your doctor first. You should seek medical advice as soon as possible if you suspect another clot.

If you have any further questions please ask one of the anticoagulation nurses. A more private space is available for private/sensitive conversations.

Will I still have swelling/pain/aches when treatment has finished?

If you have had a Deep Vein Thrombosis (DVT), it is common to have ongoing swelling in the leg for up to three months. If your symptoms continue after the first month of treatment you may be issued compression stockings.

Graduated compression stockings help increase blood flow in the legs and reduce the swelling, so it is advisable to continue wearing these. Approximately 30% of people will have long-term swelling in their leg following treatment.

After a Pulmonary Embolism (PE), shortness of breath and mild pain or pressure in the area affected by the PE are common. Pain may occur in response to physical activity or taking a deep breath which may be present for months or years after the PE. Shortness of breath should decrease with time and exercise. If this does not improve after six months you should notify your GP.

After having a DVT or a PE, what is the likelihood of developing another one?

The majority of patients do not suffer a recurrence, however, the risk is higher than for the general population. The degree of increased risk depends upon individual circumstances such as location of the clot, number of prior clots, and underlying medical conditions. Your risk of recurrence will be discussed with you.

Why do I need anticoagulation?

Treatment for a VTE is anticoagulation. Oral anticoagulation tablets are usually prescribed, although injections may be required.

How long will I have anticoagulation for?

Treatment time for a DVT is a minimum of three months, and can be up to six months.

Treatment time for a PE is a minimum of six months.

The treatment time can be longer depending on a number of factors such as the severity of the clot.

In certain situations it may be recommended that anticoagulation is lifelong, particularly if it is thought your risk of a second clot is high.

Is it alright to exercise?

Gentle exercise such as walking or swimming are recommended. A return to your normal exercise routine depends on your physical condition before the clot, and the severity and location of your clot(s).

How important is exercise in rehabilitation for a PE or DVT?

Exercise is highly recommended, within the constraints of your physical condition. Exercise increases circulation, reduces symptoms of venous insufficiency, and will make you feel invigorated. Aerobic exercise may increase lung function after a PE.

Is it alright to travel?

After being diagnosed with a VTE it is advisable to avoid flying or extended travel, for at least 2 weeks.

In a car, stop every hour or so and walk for several minutes. On a plane, try to sit where you can stretch your legs (eg an aisle seat) and periodically, get up and walk the aisle(s) for several minutes.

It is advisable to wear Class 2 compression stockings when travelling – this is particularly important for flights of four hours or more.

Class 2 compression stockings can be requested on prescription through your GP surgery, or are available to buy online. Patients need to be measured for the correct fitting. If it is felt that these stockings are needed as part of your treatment the hospital will refer you to the Orthotics department.

Contraceptive Pills:

If you have had a blood clot you may be advised to avoid the combined oral contraceptive pill, particularly once you stop anticoagulation. There are many alternative forms of contraception available. You can discuss these with your GP or sexual health clinic.

Pregnancy:

If you become pregnant, you must tell your GP you have had a clot. You may need to have Heparin injections during your pregnancy.

What happens when my treatment finishes?

You will be informed what to do before you reach the end date of your treatment.

You may need to see the Haematology doctors, or you may just be able to stop the anticoagulant.

Will I have a repeat scan?

You are unlikely to need another scan once you have commenced anticoagulation. Scans are not generally repeated to see if the clot has gone.

Is it necessary to reduce the dose of anticoagulants?

No. When you are advised to, anticoagulants can be stopped immediately.

Should I take anti platelets – such as aspirin- after stopping anticoagulants?

Only if your doctor prescribes it.

If you were on anti platelets before commencing anticoagulants speak to your doctor for advice, also whether it is necessary to restart them.

For further information about anticoagulants you can go online to:-

<https://www.buckshealthcare.nhs.uk/our-services/anti-coagulation-monitoring/>