

## 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.

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# Deep Vein Thrombosis (DVT)

This leaflet gives advice to patients with a confirmed DVT and the treatment which follows

## Patient information leaflet

If you require a translation or an alternative format of this leaflet please ask for assistance

Safe & compassionate care,

every time



## Is this inherited?

Usually no inherited cause is shown. However, if you have a strong family history of this, please let the doctor know and at the end of treatment special tests may be performed to see if you have inherited a slight abnormality in the blood which may make you more likely to develop a clot.

If you have not already been given a follow up blood test appointment please contact appropriate Warfarin nurses on:

**Stoke Mandeville: Haematology Clinic:  
01296 315516**

**Wycombe: Anticoagulant Team:  
01494 426270**

**(Monday - Friday, 9.00-17.00 hrs)**

**Out of hours contact own GP or in an emergency  
contact A&E.**

## Introduction

It has been confirmed that a clot has formed in a large, deep vein (often in the leg, however clots can form in other deep veins). The blockage in the vein can cause pain, swelling and redness, which you may have noticed before going to the Doctor.

## Why did this happen?

It may be that you have not been walking as much as usual. Perhaps you have been in bed in hospital or at home for several days, or perhaps you had a long plane or car journey lasting longer than 5 hours. Many of these clots occur after operations in hospital. Ladies on the combined oral contraceptive pill or hormone replacement therapy have a slightly increased risk of developing a clot. In some people, the cause is not found (unprovoked).

## Treatment

Initially you will receive a rapid-acting blood thinning (anticoagulant) drug which is given by an injection under the skin for up to 7 days. This can be done at home or in hospital. You will then be given another blood thinning drug in tablet form, Warfarin, or alternative anticoagulant which will start on the first or second day after the diagnosis of DVT has been made. The doctor and nurses will advise you on the most appropriate treatment for you and answer any questions you may have. Warfarin takes 4-5 days to be effective, which is why you will continue with both the Heparin and Warfarin for a few days.

The dose of Warfarin has to be controlled carefully to ensure you are on an adequate dose to slow clotting without causing serious bleeding. When the Warfarin level is sufficient the heparin injections can stop and there is no need for daily visits.

The anticoagulation nurses will monitor your levels very closely within the first few weeks to maintain stability.

The blood tests will need to be done twice a week for the first 2 weeks and then regularly after that. During this time you must rest your leg with elevation when at rest and gentle mobility. A yellow Anticoagulant prescription booklet will be issued on your first clinic visit.

### **What happens if it is not treated?**

The clot may get bigger, causing increased pain and swelling. Small pieces of clot could break off and be carried to the lung where they can cause breathlessness and chest pain. For some people the clot may be quite small and the first problems may be those of breathlessness and pain on breathing. This is called a pulmonary embolus (PE). Starting treatment greatly reduces these risks, however, if you experience chest pain, breathlessness or dizziness, please go to the Accident & Emergency Department with your Yellow Anticoagulant Booklet (if you have been issued with one at this point).

### **Does the treatment dissolve the clot?**

The treatment does not usually dissolve the clot. It does prevent further clot formation and it will be necessary to continue the treatment for at least several months. The doctor will tell you how long this might be.

### **How will I know I am getting better?**

The pain and swelling will slowly improve over the first week although it may be 6 months before the symptoms finally disappear. When you have stopped Heparin injections, start taking regular walks outside. As you start taking walks again the swelling and pain may be a little more noticeable. Frequent rests to allow these symptoms to disappear are advisable, but you should continue to walk as much as you can and elevate at rest. Do not expect immediate improvement.

### **Will my leg get completely better?**

The leg will continue to improve for up to 6 months after suffering a clot. Some people will be left with some surface veins visible, redness, swelling at the ankle at the end of the day and discomfort on walking.

### **How can I help myself?**

- By keeping as active as normal for you, walking/gentle exercise, as much as you are able when the Heparin injections stop.
- If this causes pain in the leg, remember to rest for short periods.
- Elevate the leg when possible to help reduce swelling.
- Stick to a healthy balanced diet and drink plenty of water to keep hydrated.
- If you have continued pain/swelling in the leg then a compression stocking maybe advised.

### **Is this related to a stroke or heart attack?**

No – the cause of a clot in the veins of the legs or in the lung is not the same as the clots in the small arteries that cause strokes or heart attacks.