

University College London Hospitals (UCLH)

Preventing venous thromboembolism (VTE)

Information for adult inpatients and for patients due to be admitted



If you need a large print, audio, braille, easy read or translated copy of this document, please ring our Patient Advice and Liaison Service (PALS) office on 020 3447 3042 or email: www.pals@uclh.nhs.uk. We will do our best to meet your needs.

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1 Introduction

When you are in hospital for surgery or because of illness, you can develop a type of blood clot (known as a venous thromboembolism or VTE for short). This leaflet will tell you what we do to prevent you from developing VTE and what precautions you can take.

2 What is VTE?

VTE is the name given to a deep vein thrombosis (DVT) or a pulmonary embolism (PE). A DVT is a blockage (a blood clot) in a deep vein in the body. The most common place for such a clot to occur is in the leg (but occasionally in other deep veins, such as the arm). DVT can cause long-term pain, swelling and ulcers. Signs and symptoms of a DVT may include swelling of the leg (or arm), pain or tenderness, a reddish / blue discolouration, or the leg (or arm) may be warm to touch.

If a piece of clot breaks off (an embolism), it can travel through your blood stream and block a blood vessel in your lungs. This is called a PE, and can cause coughing (with blood stained phlegm), chest pain and breathlessness. Rarely, PE can be fatal.

VTE occurs in the general population in about one in 500 people. You may have heard in the news about DVT in people travelling for long periods, but you are more likely to get VTE if you are going into hospital because of illness or for surgery.

VTE needs urgent treatment. If you have any of the above symptoms either in hospital or at home afterwards, get medical help as soon as possible.

3 Who is at risk?

VTE becomes more common with increasing age, but anyone can develop it.

Other risk factors include:

- Previous VTE
- Family history of VTE
- Cancer
- Taking 'the Pill' or hormone replacement tablets
- Pregnancy
- Certain blood conditions

4 What will be done in hospital to reduce my risk?

At the start of your stay, your clinical team will assess your individual risk of developing VTE. If you are at risk, they will discuss what can be done to reduce it and offer you types of protection recommended by national guidelines.

You may be asked to wear 'anti-embolism stockings' reaching to your knees or thighs to reduce the risk of VTE. You should be shown how to wear them and advised to report any new symptoms in your feet or legs when wearing them, to a doctor or nurse. Your legs should be checked daily.

Some surgical patients may be given an inflatable sleeve around the legs. This inflates automatically at regular intervals to increase the blood flow from your legs.

Finally, your doctor may suggest an injection of an anticoagulant (blood thinning) drug called dalteparin or in some situations, a blood thinning oral tablet. Dalteparin is of animal origin, so if you are concerned about using animal products, please tell your doctor and they will discuss other options with you.

5 What can I do myself to help reduce the risk?

If your hospital admission has been planned several weeks in advance there are some precautions you can take:

- Discuss with your doctor about stopping your contraceptive or hormone replacement tablets or having an alternative in the weeks before your operation
- Avoid journeys of more than three to four hours in the month before and after your operation if possible. If such travel is essential seek medical advice
- Keep a healthy weight
- Stop smoking

When you are in hospital:

- Ask your doctor or nurse: What is being done to reduce my risk of VTE ?
- Move around as much as you can
- Keep hydrated: drink fluids as advised
- Take any blood thinning medicine as advised
- Wear your hospital 'anti-embolism stockings' as advised by your nurse

6 What happens when I go home?

If you leave hospital with 'anti-embolism stockings', then these should be worn until you get back to your usual level of activity or as advised. Stockings should be removed daily and legs washed.

In some cases, you may be advised to continue your anticoagulant medicine for a few weeks afterwards.

If you do need injections when you are at home we will give you a 'sharps-bin' to dispose of used syringes and needles. Once your treatment is complete, close the lid on the sharps bin until sealed and fill in the labelling on the side appropriately. You can then return it to UCLH (for example, at your next outpatient appointment). Some GP surgeries or local councils may also agree to dispose of these.

Please note that it is illegal to dispose of syringes, needles or sharps bins in your household waste.

If you develop any symptoms of VTE at home you should contact your GP or go to your nearest hospital emergency department immediately.

7 Where can I find out more?

To find out more about VTE, please ask your nurse or doctor. If you have any general questions after discharge regarding VTE, then please contact your discharging ward in the first instance. You might also like to visit the NHS Choices website (www.nhs.uk) and also the Thrombosis UK website (www.thrombosisuk.org).

UCLH cannot accept responsibility for information provided by other organisations.

8 Contact details

Main hospital address

University College Hospital

235 Euston Road

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Switchboard number: 020 3456 7890

Website: www.uclh.nhs.uk

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