

Prevention and Treatment of Venous Thromboembolism (VTE)

A guide for patients at the United Lincolnshire Hospitals NHS
Trust

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Who should read this leaflet?

This leaflet has been written for you if you have been admitted to hospital or will be in the near future. It is intended to help you understand the term venous thromboembolism, also known as VTE for short, which can form in your body after illness or surgery. After reading this leaflet, you may want to discuss VTE with your doctor and ask about the best way of reducing the likelihood of this condition.

What is VTE?

VTE is the name given for Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE).

What is a DVT?

A DVT is a thrombus (blood clot) that forms in a deep vein, most commonly in your leg or pelvis. Signs of a DVT may include:

- Pain
- Swelling
- Tenderness
- Warmth
- Redness

What is a PE?

If a clot becomes dislodged and passes through your circulation and reaches your lungs, this is called a PE and can be a serious and potentially life threatening condition. Signs of a PE include:

- Unexplained shortness of breath
- Rapid breathing
- Chest pain
- Rapid heart rate
- Light headedness or passing out

VTE diagnosis requires immediate medical treatment. If you develop any of these symptoms, either in hospital or after discharge, please seek medical advice immediately.

Is VTE common?

VTE occurs in the general population in about 1 in 500 people. A blood clot can occur in anyone without any warning signs or symptoms, however, your risk is greater in those after illness or surgery.

Who is at risk of VTE?

In addition to admission to hospital, there are other factors which place you at greater risk of VTE. These include a previous VTE, a recent diagnosis of cancer and certain blood clotting conditions. In addition, pregnancy and certain contraceptive and hormone replacement tablets can increase your risk.

Will my risk of VTE be assessed?

The government recognises VTE as an important problem in hospitals and has advised health care professionals that everyone admitted to hospital should have a risk assessment completed. Your individual risk for VTE will be assessed by your clinical team. If you're at risk, your doctor or nurse will discuss with you what can be done to reduce your risk and will follow national guidelines and offer you protection against VTE.

What can I do to reduce my risk of VTE?

If your hospital admission is planned, there are some precautions which you can take to reduce your risk of VTE:

- Talk to your doctor about your oral contraceptive or hormone replacement tablets. Your doctor may consider stopping them weeks before your operation.
- Avoid travelling for long periods of time.
- Keep a healthy weight.

When in hospital:

- Keep moving or walking, leg exercises are valuable. You can ask to see a physiotherapist if you would like to learn some leg exercises.
- Ask your doctor or nurse: "what is being done, to reduce my risk of VTE?"
- Keep hydrated and drink plenty of fluids.

In hospital, what will be done to reduce my risk of VTE?

If anti-embolism stockings are considered appropriate for your use by your doctor you will be measured and fitted with stockings depending on your leg measurements. You should then be shown how to wear them. Remove them once daily for hygiene purposes. You are advised to report any new symptoms in your feet or legs to your doctor.

These stockings will reduce your risk of VTE. The team may also ask you to wear a special inflatable sleeve around your legs while you're in bed. This will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

Finally, your doctor might consider that you should take an anticoagulant injection or tablet, which reduces the chance of your blood clotting and stop DVT from forming.

To be effective these methods of prevention must be fitted, used and administered correctly, so if you have any questions or concerns please ask your doctor or nurse for advice.

What happens after I have been discharged from hospital?

Anti-embolism stockings should be worn until you have reached your usual level of mobility. If you have been advised to continue anticoagulant medication at home and you need help with administration of injection or tablets, please ask your nurse before discharge. If you do require injections after discharge you will be given a sharps bin, so that you can safely dispose of them after use. Once treatment is complete, close the lid on the sharps bin until sealed and you can then return it to the hospital. Some GP surgeries or local councils may agree to dispose of these also. Please remember that it is illegal to dispose of injections or sharps bins in your household waste.

If you develop any signs or symptoms of VTE, then seek medical advice immediately, either from your GP or your nearest hospital emergency department.

Department: Clinical Governance

Site: ULHT Pan Trust

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