


# Preventing deep vein thrombosis (DVT) and pulmonary embolism (PE)





This leaflet gives general information on reducing the risk of developing deep vein thrombosis (DVT) and pulmonary embolism (PE). It does not replace the need for personal advice from a qualified healthcare professional. Please ask us if you have any further questions.

## **What is DVT?**

DVT is a blood clot in a vein and usually forms in a leg vein. It can cause swelling and pain in the leg and may lead to PE.

## **What is PE?**

If a piece of the blood clot breaks off into the blood stream, and blocks one or more of the blood vessels in the lungs, it is called pulmonary embolism (PE). It can cause pain, breathlessness, and lack of oxygen in the blood.

## **What are the possible symptoms of DVT and PE?**

- Unexplained pain or swelling in your legs.
- Sharp chest pain when breathing in (known as pleuritic pain).
- Breathlessness.
- A painful cough.
- Coughing up blood (haemoptysis).
- A mildly raised temperature (fever).
- Fast heart rate (tachycardia).

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## Factors that increase the risk of developing DVT

- If you stay in bed for a long period or if you are recovering from surgery and not moving around very much.
- If you or your family have a history of developing DVT or PE.
- Conditions such as heart failure or cancer.
- The use of some types of contraceptive pill.

## What can you do to reduce the risk of developing DVT and PE?

### Before coming into hospital

- **Keep active** – move around as much as possible in the weeks leading up to your surgery or stay in hospital.
- **Take care on journeys** – try to avoid long, uninterrupted journeys of over three hours in the month before your surgery or stay in hospital. If you need to travel on long journeys, try to move your legs regularly. If you are travelling by car, stop for a break every hour or two and walk around to stretch your legs.
- **Talk to your doctor if you are taking the contraceptive pill or hormone replacement therapy (HRT)** – these medications may increase your risk of

DVT and your doctor may advise you to stop taking them in the weeks leading up to your surgery or stay in hospital.

## When in hospital

Your clinical team will assess your risk of developing DVT and will discuss with you what can be done to reduce it.

- **Keep active** – start moving around as soon as possible after your surgery. In many cases this will be all that is needed to reduce your risk of DVT.
- **Special stockings** called anti-embolism stockings have been shown to reduce the risk of DVT. You will be fitted with a pair if necessary. You may also hear them called TEDs (thrombo-embolic deterrents).
- **Medication** – if we think that you are at a fairly high risk of DVT and PE, we may give you medication to stop your blood from clotting too quickly. This is called anticoagulant medication. We usually prescribe a medicine called enoxaparin, which is given by an injection under the skin once or twice a day, or sometimes we use liquid heparin given through a tube into a vein. If you are already taking anticoagulant medication such as warfarin, we will only prescribe these other drugs if you need to stop taking your warfarin for any reason.



## When you go home

Keep as active as you can. Some patients may need to continue taking anticoagulant medication at home. Your clinical team will tell you when you should stop taking the medication.

Please ask if you have any questions.

## What should you do if you have any symptoms of DVT or PE?

It is very important that you get medical advice from your GP or hospital **immediately**. Anticoagulant medication is very effective at treating DVT or PE.

## More information

If you would like more information, please ask your doctor or nurse.

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If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call Patient Advice and Liaison Service (PALS) on 020 7349 7715 or [emailpals@rbht.nhs.uk](mailto:emailpals@rbht.nhs.uk). This is a confidential service.



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