

Pulmonary embolism (PE)

Information for patients

This information sheet explains pulmonary embolism (PE) and the anticoagulant medication used to treat it. If you have any questions please do not hesitate to contact a member of staff.

What is pulmonary embolism (PE)?

PE is the term used to describe a blood clot (or multiple clots) that have become lodged in the blood vessels of the lung. A PE usually starts as a clot in the deep veins of the leg (when it is called a deep vein thrombosis or DVT) and can break away and travel to the lung.

What are the signs and symptoms of PE?

PE commonly causes chest pain and shortness of breath. Other symptoms include coughing up blood, feeling dizzy or faint and sometimes collapse. PE can occasionally be life threatening. Some people do not have symptoms at all, and the PE is an unexpected finding on a scan performed for another reason.

Why did I get a PE?

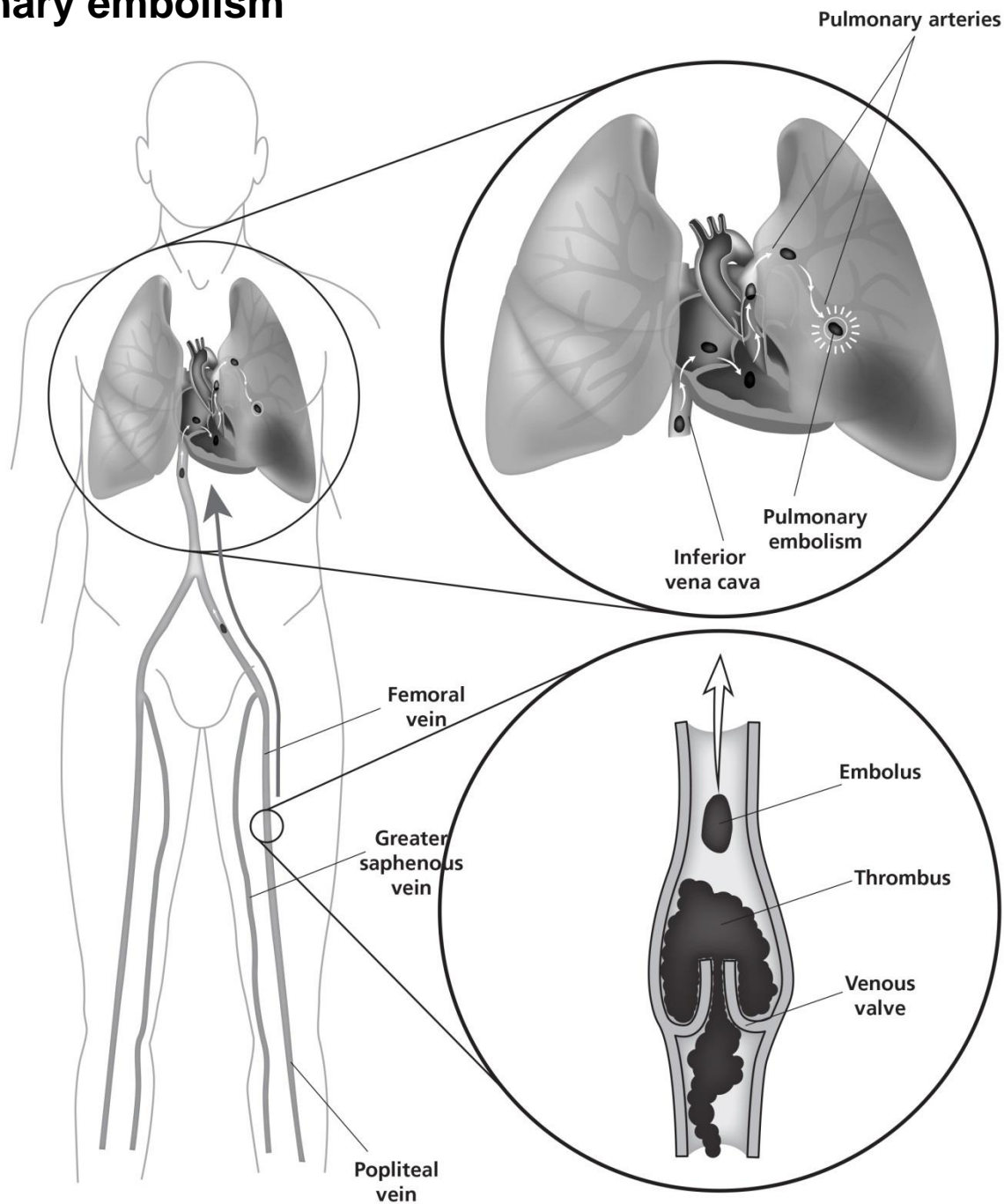
It is not always possible to identify a reason but there are several things that can increase the chance of having DVT or PE. These include:

- Surgery
- A hospital stay
- A previous DVT or PE in yourself or in a first degree relative
- Reduced mobility e.g. caused by surgery, an illness or injury, or long journeys
- Active cancer/cancer treatment
- Pregnancy
- Use of hormonal contraceptives/ hormone replacement therapy
- Blood clotting disorders such as thrombophilia
- Increasing age.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

Pulmonary embolism



How is PE treated?

You have been prescribed an anticoagulant (often referred to as a 'blood-thinner') which can be given as a tablet or an injection depending on your individual circumstances. Anticoagulants stop the clot from getting larger, prevent the body from making more blood clots and allow your body to break down the blood clot. For life-threatening PE, a treatment to dissolve the clot (called 'thrombolysis') may be used before an anticoagulant is started.

When taking anticoagulants it is important to:

- take medication regularly at the same time each day
- keep all clinic appointments
- keep your anticoagulant alert card with you at all times
- let your doctor know if you become pregnant or are planning on becoming pregnant
- report any new bleeding symptoms (see below).

Anticoagulants can increase the risk of bleeding which may require medical review.

If you experience any of the following symptoms please seek medical attention

- unexpected or uncontrollable bleeding
- coughing or vomiting blood
- black stools or blood in your stools
- a severe headache that will not go away, dizziness or weakness
- a fall or injury to your head
- blood in your urine
- severe unexplained bruising

Frequently asked questions

How long will my symptoms last?

It is common to have chest pain, breathlessness and fatigue for weeks or even months after a PE. Recovery from PE varies, and it can take many months to return to your previous level of fitness. Sometimes symptoms do not improve over time and further tests may be needed to help work out why. A small proportion can develop a condition called pulmonary hypertension and specialist input may be needed to help manage this.

How long will I be on anticoagulants?

This will vary from person to person. Some people only need to take anticoagulants for three months, while others need to take them for their rest of their lives. This will depend on several factors and will be discussed with you in detail at your clinic appointment.

When should I be concerned about my symptoms?

If you develop worsening shortness of breath or chest pain, go to your nearest hospital emergency department to be assessed.

When should I return to work?

Depending on the severity of your symptoms and the nature of your work you may feel able to return to work within weeks. Your DVT nurse will be able to advise you about when it might be suitable to return to work.

Will I have another scan?

Repeat scans are not routinely performed as the results do not usually change your management. There are certain circumstances when more imaging may be required but your haematology doctor will discuss this with you in your thrombosis clinic appointment if this is recommended.

When can I travel / fly?

In general, flying (especially long-haul) is not advised in the first four weeks after a PE. Once your symptoms have settled and you are tolerating anticoagulation well, it should be fine for you to travel but you may wish to discuss this with your GP or at your anticoagulation/haematology clinic appointment.

What is the risk of having another PE?

Each individual's risk is different. You will have an appointment with a haematology doctor within 3 months of having a PE. At this appointment, your case will be reviewed in detail and your individual circumstances reviewed. The need for extra tests will be considered and further advice will be given to reduce the risk of recurrent PE.

