

Preventing Venous Thromboembolism (VTE)



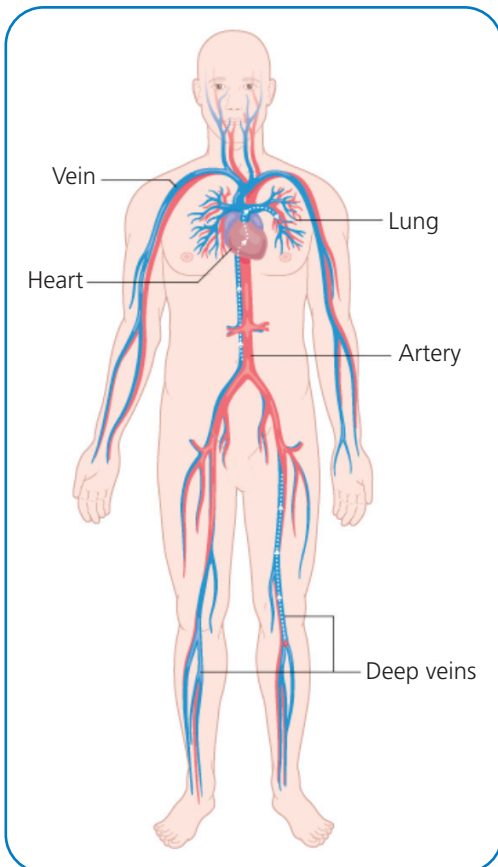
Information for patients

This guide has been written for you if you are being admitted to hospital in the near future. It is intended to help you understand venous blood clots (called venous thromboembolism or VTE for short), which can form in your body after illness or surgery.

After reading this guide, you may wish to discuss VTE with your doctor and ask about the best way to reduce the likelihood of this condition.

What is VTE?

VTE is the name given to a deep-vein thrombosis (called DVT for short) or a pulmonary embolism (called PE for short). A DVT is a thrombus (blood clot) that forms in a deep vein, most commonly in your legs or pelvis and can cause swelling and pain. In the longer term, DVT can cause painful, long-term swelling and ulcers. If a clot becomes dislodged and passes through your circulation and reaches your lungs, this is called a PE and can cause coughing (with blood stained phlegm), chest pain and breathlessness. It can be fatal. VTE diagnosis requires immediate 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 one in 1000 people.

You may have heard in the news about DVT in people flying for long periods and suffering from 'economy class syndrome'.

In fact, but you are actually much more likely to get VTE if you are going into hospital because of illness or for 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 conditions such as clotting disorders. Immobilization, pregnancy, and certain contraceptive and hormone replacement tablets can increase your risk.

Will my risk of VTE be assessed?

The Government recognises VTE is an important problem in hospitals and has advised doctors and nurses that everyone being admitted to hospital should have a risk assessment completed. Your individual risk for VTE will be assessed by your clinical team. If you are 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?

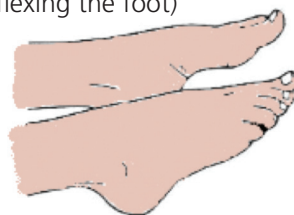
If your hospital admission has been planned several weeks in advance, there are some precautions which you can take to reduce your risk of VTE:

- Talk to your doctor about your contraceptive or hormone replacement tablets. Your doctor may consider stopping them in the weeks before your operation.
- Avoid travelling for more than three hours in the month before your operation if possible.
- Try to maintain a healthy weight.

When in hospital:

- If you are able to do so safely:
Regularly stand up and walk around; leg exercises are valuable. Whilst sitting or lying move your feet and ankles up and down to stretch the calf muscles in your legs. If you are unable to perform

Sitting and lying
(flexing the foot)



the above advice you can ask to see a physiotherapist for alternative exercises that can improve your circulation.

- Ask your doctor or nurse: 'What is being done to reduce my risk of VTE?'
- Drink plenty of fluid to keep hydrated.

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

If you are having an operation, ask your anaesthetist to consider which type of anaesthesia is most appropriate for you.

If considered appropriate by your doctor, you will be measured and fitted with anti-embolism stockings. Anti-embolism stockings are worn on your legs and may be knee or thigh length. 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 health care professional. These will reduce your risk of VTE.



The clinical team may ask you to wear a special inflatable sleeve or cuff around your legs while you are in bed. This will inflate automatically and provide pressure at regular intervals, increasing blood flow in your legs back to your heart. If they have been removed for more than three hours they should not be reapplied, unless agreed by a doctor.



Finally, your doctor might consider that you should take an anticoagulant injection or tablet, which reduces the chance of your blood clotting and stop VTE from forming. The drug normally prescribed at the Trust is heparin,



which is given by an injection, usually, into the abdomen. Heparin is derived from pigs, so if you have any concerns about using animal products, please tell your doctor and they will discuss your concerns. There are new drugs becoming available in tablet form, which may be offered to you.

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 for advice.

For more information about the risk of thrombosis in hospital, please use the QR code to link to a short animation.



What happens after I have been discharged from hospital?

Anti-embolism stockings should be worn from admission until you return to your usual level of mobility. You may need to continue taking the anticoagulant injections or tablets and wear the anti-embolism stockings when you leave the hospital.

Before you are discharged from the hospital a health care professional should advise you about how to use your treatment, how long to continue using it for, and who to contact if you experience any problems. Your nurse should advise you about caring for the anti-embolism stockings at home and checking your skin. If you need help with administration of injections 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 your treatment is complete, close the lid on the sharps-bin until sealed and you can return it to King's. 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 at



home, then seek medical advice immediately, either from your GP (home doctor) or your nearest hospital emergency department.

Where can I find out more?

Please ask your doctor or nurse for more information. Alternatively, the NHS website provides patient information on VTE.

www.nhs.uk

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palspruh@nhs.net**

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