King's College Hospital
NHS Foundation Trust

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.

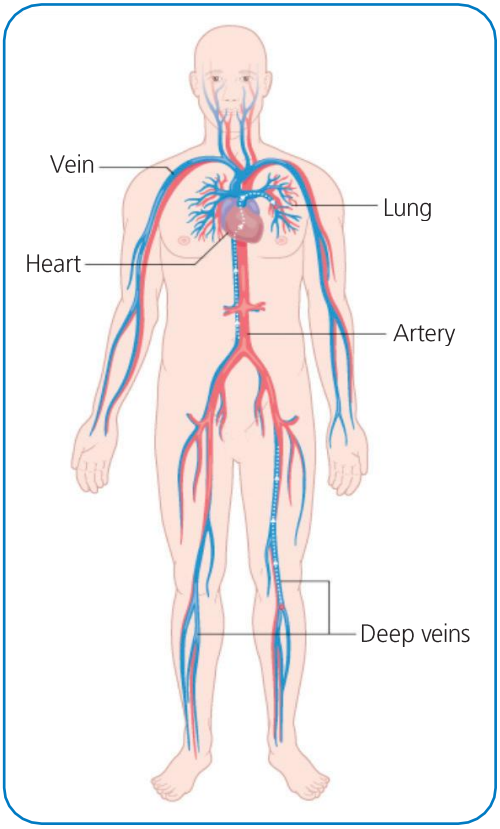
Key points

- Venous thromboembolism (VTE) refers to blood clots, often in veins of the legs, arms or lungs.
- The main symptoms are leg or arm pain, swelling or skin discolouration or, for clots in the lungs, chest pain or difficulty breathing.
- You should seek urgent medical attention if developing these symptoms.
- Hospitalised patients are at higher risk of getting blood clots (VTE).
- In hospital, you may be offered clot prevention medication (injection or tablet) and/or inflatable leg cuffs to reduce the risk of blood clots forming.
- In hospital and after discharge, stay well hydrated and walk regularly. If unable to walk, move feet up and down often.

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. It is most common 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 it can pass through your circulation and reach your lungs. This is called a PE and can cause coughing (sometimes with blood-stained phlegm), chest pain and breathlessness. It can be fatal. VTE diagnosis needs 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 1,000 people.

You may have heard in the news about DVT in people flying for long periods.

In fact, you are 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 current diagnosis of cancer, and certain blood conditions such as clotting disorders. Immobilisation, pregnancy, and certain contraceptive and hormone replacement tablets can increase your risk.

Will my risk of VTE be assessed?

Your 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.

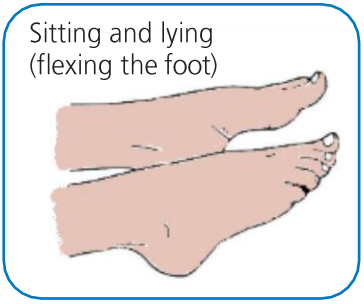
What can I do to reduce my risk of VTE?

If your hospital admission has been planned 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.
- Try to stop smoking or reduce the amount that you smoke.

When in hospital:

- If you can do so safely, regularly stand up and walk around, and whilst sitting or lying, move your feet and ankles up and down to stretch the calf muscles in your legs.



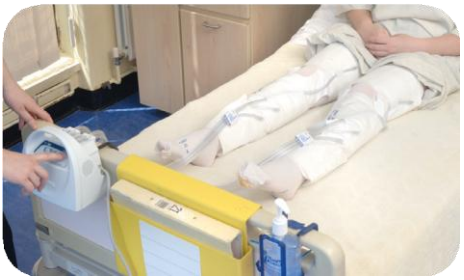
If you cannot perform the above advice, you can ask to see a physiotherapist for alternative exercises that can improve your circulation.

- Ask your doctor, nurse or pharmacist: 'What is being done to reduce my risk of VTE?'
- If possible, 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, your anaesthetist will consider which type of anaesthesia is most appropriate for you.

The clinical team may ask you to wear an inflatable 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 it has been removed for more than three hours it 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 VTE forming.

The drug normally prescribed at the Trust is heparin, which is given by an injection, usually, into the abdomen (stomach). 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 also drugs available in tablet form, which may be offered to you if you are having a hip or knee replacement.

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 scan the QR code or visit https://tinyurl.com/27zxwnpn to view a short animation.

What happens after I have been discharged from hospital?

You may need to continue taking anticoagulant injections or tablets when you leave the hospital.

Before you are discharged from 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. If you need help with administration of injections or tablets, please ask your nurse before discharge.

If you need 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 return it to King's. Some GP surgeries or local councils may agree to dispose of these. Please remember that it is illegal to dispose of injections or sharps bins in your household waste.

It is important to remain as active as possible once you leave hospital to aid recovery and reduce the risk of blood clots forming.

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 pulmonary embolism and deep vein thrombosis. **www.nhs.uk**

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.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.

Tel: **020 3299 4618**
Email: **kings.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net

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