

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.

Anti-embolism stockings - If considered appropriate by your doctor, you will be measured and fitted with thigh, or knee length stockings depending on your leg measurements. You will be shown how to wear them and advised to report to a doctor any new symptoms in your feet or legs when wearing them. Wearing 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, thereby increasing blood flow from your legs.

Finally, your doctor might consider that you should be given an anticoagulant injection or tablet, which reduces the chance of your blood clotting and stops a DVT from forming. The drug normally prescribed at this Trust is dalteparin, which is given by injection. Dalteparin is of animal (porcine) origin, therefore if you have any concerns about using animal products, please alert your doctor and they will discuss other options with you.

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

What happens after I leave hospital?

Anti-embolism stockings should be worn from admission until you return to your usual level of mobility. For some types of operation (e.g. hip or

knee replacement surgery) or if you have a previous history of VTE, you may be advised to continue taking anticoagulation medicine for a few weeks afterwards. If you need help with the administration of injections or tablets at home, please ask your nurse before discharge.

If you do require injections after discharge, you will be given a yellow 'sharps bin' so that you can safely dispose of the syringe after use. Once your treatment is complete, close the lid on the sharps bin until sealed and fill in the labelling on the side appropriately. Your GP surgery or local council can be contacted to dispose of these. 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 www.nhs.uk provides patient information on VTE.

Content of this leaflet was adapted by kind permission of Kings College Hospital NHS Foundation Trust.

www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

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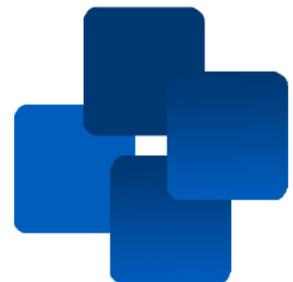
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Patient Information

Preventing Venous Thromboembolism (VTE) - Adults



This guide has been written for you, if you are being admitted to hospital in the near future or are currently an inpatient. 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.

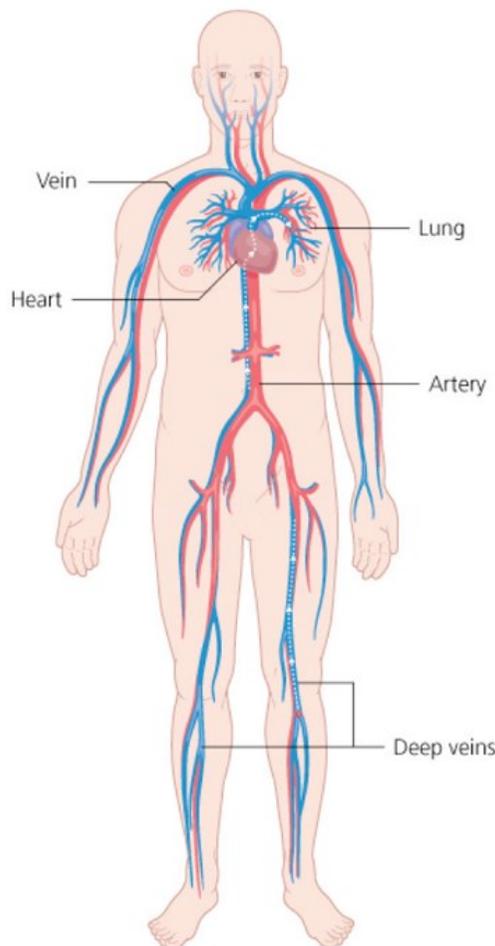
What is VTE?

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 leg 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 chest pain and unusual breathlessness. Rarely, PE can be fatal.

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

VTE occurs in the general population in about 1 in 500 people. You may have heard in the news about DVT in people flying for long periods and suffering from 'economy class syndrome', 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. Also, pregnancy and certain contraceptive and hormone replacement tablets can increase your risk of VTE.

Will my risk of VTE be assessed?

The government recognises VTE as an important problem in hospitals. It has advised healthcare professionals that all adults (older than 18 years of age) who are 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, they will discuss with you what can be done to reduce your risk and will follow national guidelines to 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 or advising an alternative in the weeks before your operation
- Avoid journeys of more than three hours in the month before, or after, your operation if possible. If such travel is essential, please seek medical advice
- Keep to 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?'
- Drink plenty of fluid to keep hydrated