

Reducing the risk of blood clots when you go home

Information for Patients

Produced: November 2019

Last reviewed: June 2022

Next review: June 2025

Leaflet number: 339 Version: 5

Introduction

This leaflet tells you about the risks of blood clots and what can be done to help avoid them while you are recovering. You are at risk of blood clots for several weeks after you go home.

How do blood clots happen and what problems can they cause?

Blood needs to clot to stop an injury from bleeding. This is a complex process. Sometimes it can go wrong and a clot will form in the wrong place, usually in the deep veins of the legs. This is called a 'deep vein thrombosis (DVT)'.

Sometimes a piece of the clot can break off and travel to the lungs; this is known as a 'pulmonary embolism (PE)'.

DVT and PE are types of **venous thromboembolisms (VTE)**. In extreme cases VTEs cause death. Anyone can get VTE at any age. Your risk increases if you have had surgery, you have a serious medical condition, you are not moving around as much because you have had a procedure (**including having your leg or ankle in a plaster cast, surgical boot or brace**), you are pregnant, you are overweight, or if you have certain health conditions.

Leaving hospital

You will have had at least one VTE risk assessment whilst in hospital. Another risk assessment will happen before you leave hospital. This is to decide if you might benefit from wearing anti-embolism stockings and/ or having injections (or other medication) to thin your blood at home. As the risk of blood clots continues for several weeks after a stay in hospital, it is important that you continue to follow the advice given to you for the right length of time.

Once home, if you need more stockings or blood thinning medication you will need to arrange this with your GP. Before you run out please contact your GP surgery to allow enough time for arrangements to be made.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals

To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What are the signs and symptoms of a DVT or PE?

Both DVT and PE need urgent investigation and treatment.

Deep vein thrombosis (DVT):

- Pain, swelling and tenderness in one or both of your legs (usually your calf).
- A heavy ache in the affected area.
- Warm skin in the area of the clot.
- Red skin, particularly at the back of your leg below the knee.
- DVT usually (although not always) affects one leg. The pain may be worse when you bend your foot upward towards your knee.

If you have any of these symptoms you should urgently contact your GP or call 111.

Pulmonary embolism (PE):

If left untreated, about 1 in 10 people with a DVT will develop a pulmonary embolism (PE).

This is a very serious condition that causes:

- breathlessness - which may come on gradually or suddenly.
- chest pain - which may be worse when you breathe in.
- sudden collapse.

If you have any of these symptoms you should call 999.

Taken from: www.nhs.uk/conditions/deep-vein-thrombosis-dvt/

Going home with anti-embolism stockings (AES)

It is important that you continue to wear these stockings **day and night** for up to **6 weeks** (your doctor or nurse will tell you how long). Your legs will be measured for the right size, as it is important that they fit well. If they begin to not fit well (e.g. too tight or too loose) you must contact your GP to arrange re-measuring. We will give you a spare pair so that you can wash them (please check washing instructions in the packet).

Stockings can be uncomfortable and may cause skin damage if they are not fitted correctly. Please follow the instructions below carefully and ask for help if needed:

1. Check stocking is not inside out.
2. Insert hand inside, as far as the heel.
3. Grasp centre of heel and keeping hold of it, turn inside out and fold back to heel.
4. Place over the foot, ensuring the heel patch is under the heel.
5. Hold at the front of the foot, ease over the ankle and up the leg, taking care not to drag the skin.
6. **It is very important to smooth out creases and make sure that:**
 - the top of the toes are covered and the open section is underneath.
 - the band at the top is flat and smooth.
 - the stocking finishes 2 fingers width below the back of the knee joint.

Take the stockings off at least once a day to wash your legs. It is also advisable to check you legs/skin every 4 to 6 hours for redness, numbness or blistering of the skin (pressure area care).

If your toes seem cold or look blue/ dusky, this might mean the stockings are cutting off the blood flow to your feet. If you experience this, contact your GP urgently or go to your nearest walk in centre or Emergency Department.

If you expect to have difficulties putting your anti-embolism stockings on and off, ask ward staff for advice as there is equipment that can help put them on. If needed, arrangements can be made for district health teams to visit you at home to help with this.

Going home with heparin injections

Heparin is a medicine that thins the blood and can help reduce your risk of a blood clot. There are different types of injection syringes depending on which company makes them. You will be shown how to use yours, and you will be given a 'sharps bin' to safely throw away the syringes. Please ask if you are not sure about anything.

Instructions:



Have a single dose syringe and your yellow sharps bin ready. **Wash and dry your hands and clean the injection site with the swab provided.** If another person is doing the injecting, they should wear disposable gloves.

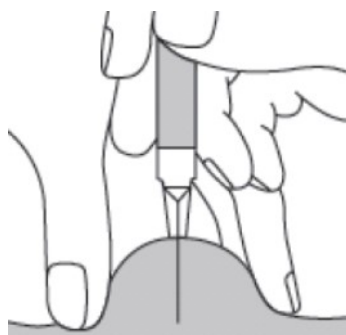
Step 1: Get yourself in a comfortable sitting down position where you can see your stomach.



Step 2: Choose an injection site either on your stomach or the outer areas of your left or right thigh (see shaded areas). Your stomach is usually the best place. It is important that you change the site each time.

Step 3: Pick up the syringe and remove the rubber cover by pulling it straight off. There will be an air bubble in the syringe, you can ignore it. It is important not to press the plunger just yet as some of the medicine may be lost.

Step 4: Hold the syringe in one hand and with the other hand, gently pinch a fold of skin with its fatty tissue between your thumb and index finger. This will be the injection site.



Step 5: Hold the syringe above the folded skin keeping it at a right angle as shown in the diagram. Push the needle into the skin until the needle is fully inserted.

Step 6: Now press the plunger slowly until all of the medicine has been injected. Keep pinching the fold of skin while you are injecting and then release the fold of skin and pull the needle out.

If there is any oozing of blood at the injection site, apply gentle pressure. Do not rub the injection site as this may cause bruising.

Step 7: Make the needle safe using the method shown to you when you were given the medication – this is also explained in the patient information leaflet in each box of syringes.

It is normal to see some bruising at the injection site. **If you have unexplained bruising, bleeding or a rash, please contact your GP or call 111.**

Dispose of used syringes in the yellow sharps bin provided. Keep your sharps bin out of reach of other people.

Please note: GP surgeries, pharmacies and Leicester's Hospitals do not accept sharps bins for disposal. You will need to contact the waste disposal department of your local council to arrange for collection of full sharps bin.

What can I do myself to reduce the risk?

- Drink plenty of water (unless advised otherwise). This will help to keep your blood flowing freely.
- Keep your legs moving. This helps to stop your blood from slowing down and reduces the chance of clotting.
- Walk around. If you are not able to walk, keep your legs moving. If this is difficult, exercise your ankles. The more you do this the better.

Speak to your ward nurse if you have any questions about blood clots. For more information on DVT and PE visit www.nhs.uk/conditions/deep-vein-thrombosis-dvt/

Long distance travel

See your GP if you have had or are at risk of having a blood clot and you are planning a long car, train or plane journey (6 hours or more). The latest travel guidance can be found at: www.nhs.uk/live-well/healthy-body/prevent-dvt-when-you-travel/

Letting you know when things go wrong (duty of candour)

We monitor scan results across Leicester's Hospitals. If we find that a DVT or PE happened while you were in hospital or within 90 days of leaving hospital, your case will be reviewed. We will check that correct steps were taken to try to avoid the clot happening. If we find that your care fell short of the high standards we expect, we will tell you about this under our 'duty of candour'.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk