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Aneurin Bevan
University Health Board

Deep Vein Thrombosis (DVT)

Advice Sheet

This leaflet explains more about deep vein thrombosis (DVT) and how to treat it. If you have any further questions, please speak to the nurse or doctor caring for you.

What is a DVT?

A DVT is a blood clot that has formed in one of the deep blood vessels. It usually occurs in your leg but can occur in any of the deep veins, such as those in your abdomen or arm.

What causes DVT?

Sometimes a reason cannot be found as to why the blood clot has formed, but associated risk factors for blood clots include:

- previous blood clots or a family history of blood clots
- pregnancy
- use of the oral contraceptive pill
- surgery or immobility
- long haul flights (and other travel if more than four hours in duration)
- smoking
- being overweight
- increasing age
- cancer
- An underlying condition of 'sticky blood'.

Do I need any tests?

Sometimes it is difficult to be sure of the diagnosis from just your symptoms.

If you have a suspected DVT, you will normally be advised to have tests done urgently to confirm or rule out the diagnosis. Two commonly used tests are:

- **D-dimer blood test:** This detects fragments of breakdown products of a blood clot. Unfortunately, the test can be positive in a number of other situations, such as if you have had recent surgery or if you are pregnant. A positive test doesn't diagnose a DVT, but it may indicate how likely it is that you have a blood clot and can help decide if further tests are needed.
- **A special type of ultrasound called a duplex doppler** is used to show blood flow in the leg veins and any blockage to blood flow. Ultrasound is useful because it is an easy, non-invasive test. These tests are arranged in the DVT clinic.

While you are waiting for your investigations you may be given daily injections to thin your blood (an anticoagulant). This is, in effect, treating you as if you do have a DVT, even though it has not been proved. This is safer than doing nothing whilst waiting for a scan.

When do I need to get immediate medical attention?

Although the anticoagulant will help stop the clot from getting bigger and may help with the symptoms of leg swelling, it will not get rid of the clot completely.

You must get immediate medical attention and return to the Emergency Department if your symptoms worsen, or if you develop any new symptoms such as:

- chest pain or breathlessness
- coughing or vomiting blood
- Increased leg swelling.

What are the treatments for a deep vein thrombosis?

The treatment is called anticoagulation - preventing the clot from getting larger.

Anticoagulation is often called thinning the blood, and medicines which work in this way are called anticoagulants. However, they do not actually thin the blood, they alter certain chemicals in the blood to stop clots forming so easily. Anticoagulants do not dissolve the clot, but they help to prevent a DVT from getting larger and any new clots from forming. The body's own healing mechanisms can then get to work to break up the clot.

How is the treatment given?

If you have a DVT, you will usually need an anticoagulant medicine for at least three months. However the tablets used may take a few days to start working properly, so normally you have some fast-acting injections given for the first few days until the tablets are working properly. A serious clot is rare if you start anticoagulation treatment early after a DVT.

The injections used are usually given just under the skin (subcutaneously). The drug we use is called Dalteparin. Once a DVT has been confirmed you will also be started on an anticoagulant tablet.

What if I am pregnant?

If you are pregnant, regular heparin injections rather than anticoagulant tablets may be used. This is because anticoagulant medicines can potentially cause harm (birth defects) to the unborn child.

How long will the treatment last?

The length of time you will be advised to take anticoagulation depends on various factors. If you have a DVT during pregnancy or after an operation, then after the birth, or when you are fit again, the increased risk is much reduced. So, anticoagulation may be only for a few months. On the other hand, some people continue to have an increased risk of having a DVT. In this case, the anticoagulation may be long-term.

The length of time of anticoagulation varies from person to person. Your doctor or anticoagulant clinic will advise you how long your treatment will be for.

Things you should do	Things you should not do
<ul style="list-style-type: none"> • Walk regularly after you are discharged from hospital unless you are advised against this. (Walking is thought to improve circulation in the affected leg and may help to reduce your risk of further DVT.) • When you are resting, raise your leg as much as possible. This reduces the pressure in the calf veins and helps to prevent blood and fluid from pooling in the calves. • Raise your leg by lying on a sofa with your leg up on a cushion. This means that your foot is higher than your hip so gravity helps with blood flow returning from the calf. • Raise the foot of the bed a few inches if it is comfortable to sleep like this. This is so your foot and calf are slightly higher than your hip when you are asleep. 	<ul style="list-style-type: none"> • Sit on the sofa or in a chair, with your feet on a footstool or pouffe. This isn't keeping your feet up as your feet will be well below your hips in this position.

If you are at all concerned about your condition please contact the relevant Emergency Department or Minor Injury Unit (MIU):

Royal Gwent Hospital: 01633 234056

Nevill Hall Hospital: 01873 732073

Ysbyty Ystrad Fawr (YYF) MIU 01443 802353 or 802349

Ysbyty Aneurin Bevan (YAB) MIU: 01495 363318

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