



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Venous Thromboembolism (VTE) Advice

You have been given Deltaparin (heparin) whilst your leg is in plaster or because you have injured your Achilles tendon and are in a special boot. This is because your plaster or special boot can sometimes cause some risks to your health. The doctor or nurse practitioner should have spoken to you about the risk, but this leaflet will help to explain and answer your questions.

What is venous thromboembolism (VTE) and why might it happen?

Whilst your leg is in plaster, because the muscles in your leg cannot move, the blood in the veins in your leg is less mobile. Because of this you could develop a clot in the veins in your leg, (in the same way that can occur on aeroplane flights) and this is called a **venous thromboembolism (VTE)**.

How much of a risk is it and why do I need Heparin?

There is an increased risk of developing a clot in the leg for patients who have had their leg immobilised compared to those who have not. Because of this we have recommended that you have the heparin injections to help to protect you from developing a clot. An untreated clot might travel to the lung causing a pulmonary embolism (PE). This can be life threatening.

| Things you should do | What to look out for |
|---|--|
| <ul style="list-style-type: none"> • Drink plenty of fluids to keep yourself hydrated. • Follow the exercises given on the Plaster Care advice sheet. | <ul style="list-style-type: none"> • any swelling, discolouration or • any increased or new pain in your leg • any chest pain or shortness of breath <p>then you should get medical advice urgently.</p> |

How does the Heparin work?

It thins the blood to prevent clots forming. An injection into the fatty tissue of the stomach will be required once a day – which **you** will normally do for yourself.

Where will I get my heparin?

From the Emergency Department/MIU you will be given either a:

- 15 day supply.
- 5 day supply and a prescription for a further 10 days which will need to be obtained from a community pharmacy. We would recommend that you put the prescription into your local pharmacy as soon as possible to ensure you do not run out.

After this, if it is needed, you will be given more at your follow up appointments. If you run out before then please contact the Emergency Department that you first attended.

Will I have to do this for the rest of my life?

No, do not worry; you only need to continue the injections whilst your leg is in plaster/special boot.

Are there any risks associated with Heparin?

The thinning of blood means that there is an increased risk of bleeding – particularly in the injured part of the leg, where 'Compartment Syndrome' could develop. This happens when there is an increased pressure in specific parts of the leg causing increased pain and swelling. If not recognised it can lead to severe damage to the nerves and muscles, and at worst can mean repeated operations and very rarely amputation of the leg. The risk of this happening is uncertain at present but is felt to be minimal.

| Potential side effects of Heparin include: | There is an even smaller possibility of these side effects: |
|---|---|
| bruising at the injection site increased risk of bleeding | Itching, rash, pain at injection site or raised potassium levels |
| temporary lowering of the number of cells that help blood to clot (platelets) and liver enzymes | Allergy, hair loss, skin damage |

What if I do not want to or cannot inject myself?

If you feel nervous about this please let the nurse know before your first injection. They should give you a clear, simple explanation and demonstration before you leave the Emergency Department. You will be provided with a special box (sharps bin) to dispose of the needles. If you are unable to inject yourself then an alternative solution will be arranged via the nursing staff.

What do I do with my full sharps bin?

When your sharps bin is full, you should call **01495 745656** to arrange for it to be collected. A new bin can be provided at your follow up appointment at fracture clinic or emergency department review clinic.

Do I need to let my GP know I am on Heparin?

Yes, please take the letter you have been given to your GP to let them know you have been started on heparin injections.

Do I need any monitoring or blood tests?

If you are still on the heparin injections after a month, a blood test will be done to check your platelet count.

It is vital that if you feel unwell, experience any increased pain, swelling, discolouration in your leg or become short of breath or develop chest pain that you return to the Emergency Department URGENTLY

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

Royal Gwent Hospital: 01633 234070

Nevill Hall Hospital: 01873 732040

Ysbyty Ystrad Fawr (YYF) MIU 01443 802336 or 802337

Ysbyty Aneurin Bevan (YAB) MIU: 01495 343818

References: <https://www.nice.org.uk/guidance/ng89> - Accessed April 2019

“This document is available in Welsh / Mae’r ddogfen hon ar gael yn Gymraeg”.