

Lowering your risk of blood clots

This leaflet tells you about Venous Thromboembolism (VTE). It explains what VTE is, who is at risk and ways to reduce the risk.

What is a Venous Thromboembolism?

Venous Thromboembolism (VTE) is the development of a blood clot in a vein, most often in the deep veins of the leg. This can cause pain and swelling wherever the clot is.

Sometimes, a fragment of blood clot may break away and become lodged elsewhere in the body. A fragment clot stuck in the lungs is called a pulmonary embolism (PE) and may affect breathing and cause chest pain.

Am I at risk?

You are at risk because you have been admitted to the Inpatient Unit and may be unable to walk around as much as usual. By not walking, the pumping action that normally occurs in your leg muscles will be reduced which increased the risk of VTE.

VTE can occur in anyone at any age. However, there is a greater risk for people who are less physically active, those who have had a major operation and those who have a variety of medical conditions needing hospice admission.

How does the hospice reduce the risk?

As part of our standard care the hospice team will help you move regularly and check your skin daily. The Medical Team will assess your risk of VTE on admission and help you decide whether having preventive treatment is the right thing for you.

The hospice may prescribe anticoagulants (blood-thinning medication) for you. These slow the clotting speed of blood to prevent it clotting too easily.

They are usually given as a once-daily injection and are called low-molecular weight heparin. Heparins are porcine-derived (from pigs) though other drugs are available. Please speak to your Doctor or Nurse if you have any concerns.

We may give blood-thinning medications in tablet form instead of injections, though this is not appropriate for everyone. The recommended length of time to take the medication is two weeks and then to stop, even if your risk of having a clot does not change in that time.



What are the risks of taking blood-thinning medications?

Blood thinning medications can have some side effects. For example, you may notice you bruise easily. You need to tell us about any new or unusual symptoms particularly, increased bruising, any unusual bleeding, dark bowel motions or dark ulcers at the injection sites.

Oral tablets can cause stomach upset and sometimes bleeding and dark bowel motions. Serious bleeding is uncommon (around four in 100).

They can also cause your kidneys to not work well, also called renal failure.

Because of these side effects, for every we make an individual assessment of each

patients' risks of having a clot balanced against the risks of the medication.

If you are taking blood-thinning medication and experience any bleeding that you cannot control or explain, or you notice soft black tarry stools, you must tell staff immediately as bleeding may lead to death.

Is there an alternative to blood-thinning medication?

In hospitals some people may be given knee-length or thigh-length stockings to wear. These reduce the risk by maintaining an even pressure on the muscles of the legs which helps good blood flow. They work by squeezing the blood from the smaller capillaries onto the larger veins in the leg, promoting good circulation.

They are not always appropriate for hospice patients with poor circulation, poor skin conditions (such as ulcers, leg pain, or swollen legs).

If you have any other questions or concerns, please speak to a member of the team involved in your care who will be able to support you.

References:

Thrombosis Committee, Hull University Teaching Hospitals NHS Trust.

