

Hospital acquired clots

Without appropriate preventive measures being taken in hospital in the UK, there would be over 25,000 deaths a year due to hospital-acquired blood clots. Although the general public associate blood clots or DVT with long-haul travel, in fact the risk of blood clots with flying is in fact very low. The risk of getting a blood clot in hospital is 1000 times greater than from a long-haul flight. We are very concerned about the lack of awareness of hospital-acquired DVT.

Did you know that just being admitted to hospital with an illness carries a 15% chance of developing a DVT?

Did you know that having surgery on your leg, such as a hip replacement, carries a 50% chance of developing a DVT unless you have preventative blood thinners?

This leaflet will tell you all you need to know!

What is a DVT?

A deep-vein thrombosis (DVT) is a clot which forms in a deep vein, usually in the leg. Deep veins are the larger veins that run through the muscles and transport blood to and from the heart. When a blood clot forms, it blocks this flow.

Are you at risk from DVT?

Many people think that going on a long flight is the biggest risk of suffering a DVT. Unfortunately the biggest risk of DVT is having to stay in hospital.

Is DVT serious?

DVT can be very serious and can be fatal. If the clot breaks off, it can travel in the bloodstream, through the heart, and become lodged in the lung. This is known as a pulmonary embolism (PE). It can happen hours or even days after a DVT. Most hospital-acquired clots (DVT and PEs) happen in the weeks after leaving hospital. You should get medical treatment immediately if you think you are suffering from a DVT or PE. Symptoms of PE can include being short of breath, chest pain, coughing up blood-stained phlegm and suddenly collapsing.

Preventing a hospital-acquired clot

Anyone can have a DVT but your risk is increased further if any of the following apply to you.

- You are over 60 years old
- You are pregnant or have recently had a baby.
- You cannot move around much.
- You have cancer or have been treated for cancer in the past.
- You are taking hormone replacement therapy (HRT) or take a contraceptive pill that contains oestrogen.
- You are overweight.
- You have a family history of DVT or certain blood diseases.
- You have had a previous DVT or pulmonary embolism.
- You are having surgery, especially surgery to your tummy or hip or knee.
- You are unwell with an inflammatory illness.

Can DVT be prevented?

The good news is that most DVTs and PEs can be prevented safely and effectively.

- Gentle calf exercises and getting out of bed soon after an operation can reduce your risk of developing a DVT.
- Anti-embolic stockings squeeze the calves and help the flow of blood and prevent DVT.
- Small daily doses of blood thinners help those most at risk.

Your right to a DVT risk assessment

The NHS recommends that all patients who stay in hospital should be assessed for their risk of suffering from a DVT. Here are some useful questions to ask the medical team before or when you go into hospital.

- What is the risk of deep-vein thrombosis during my stay?
- What preventative treatment will I be given?
- Does the hospital have ultrasound facilities to diagnose deep-vein thrombosis if I develop one?
- If I develop a deep-vein thrombosis, how will I be treated?

If you are not offered a risk assessment when you are admitted to hospital, you should ask your doctor or nurse to carry one out.

DVT diagnosis

It is often difficult for a doctor to diagnose a DVT from the symptoms alone. If you have a suspected DVT, you will have some tests done urgently to confirm the diagnosis.

These may include:

- D-dimer test (a blood test) - this is usually positive in DVT but can be positive in other conditions as well; and
- an ultrasound scan - used to test blood clots above the knee.

For more information

If you have any more questions about DVT or PE, speak to your doctor.

Thrombosis UK can also offer you more information and be contacted by the following means:

What are the symptoms of DVT?

The concern about DVTs is that many of them are 'silent'. In fact, in 80% of cases, DVTs produce no symptoms at all apart from pain. If there are symptoms, they may include:

- swelling;
- pain; and
- tenderness in the affected leg and discolouration of the skin.

The symptoms of a pulmonary embolism - clot in the lung - may include:

- chest pains;
- breathlessness;
- blood-stained phlegm;
- grey skin tone;
- feeling clammy, dizzy or panicky; and
- a persistent cough.

Treatment

DVTs are normally treated with blood-thinning medicine ('anticoagulants') such as heparin and warfarin. These work with the body's natural anti-clotting system to prevent further blood clots forming and stop any existing clots from getting bigger. Clots that have already formed in the body will then naturally break down over time using the body's own system for breaking down clots.

You may also be advised to wear compression stockings which compress the leg veins to stimulate blood flow. It is important that these fit correctly.

Thrombosis UK,
PO Box 58, Llanwrda,
Carmarthenshire
SA19 0AD.

Phone: 0300 772 9603,
email: admin@thrombosisuk.org
or visit our website at www.thrombosisuk.org

This document gives you general information only. It does not give you personal advice and is not a substitute for advice covering a specific situation. Please get appropriate advice before you take any action in response to information in this document. While we at Thrombosis UK have taken every precaution to make sure the material in this document is accurate, neither we nor any contributors can be held responsible for any action (or lack of action) taken by any person or organisation as a result of information contained in it.

