

Every six seconds someone dies from a VTE globally.  
Let's talk clots.

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What is the number one cause of preventable hospital deaths?  
What is the number one direct cause of maternal deaths?  
Globally, 1 in 4 deaths are related to...?

Not sure? More than 500 people who attended the recent Let's Talk Clots national conferences held across the UK by the charity Thrombosis UK, would be able to enlighten you. It's **thrombosis**.

Thrombosis is an international patient safety issue and a national clinical priority for the NHS. Annual costs are high with medical-legal litigation a growing concern, yet many events could be prevented with increased awareness and greater understanding of risk factors and management to reduce these.

The Let's Talk Clots conferences brought together health care practitioners from across services, indicative of the way thrombosis itself can present, and with informative, challenging and often passionate presentations from global, national and regional VTE leads.

The conferences provided an opportunity to:

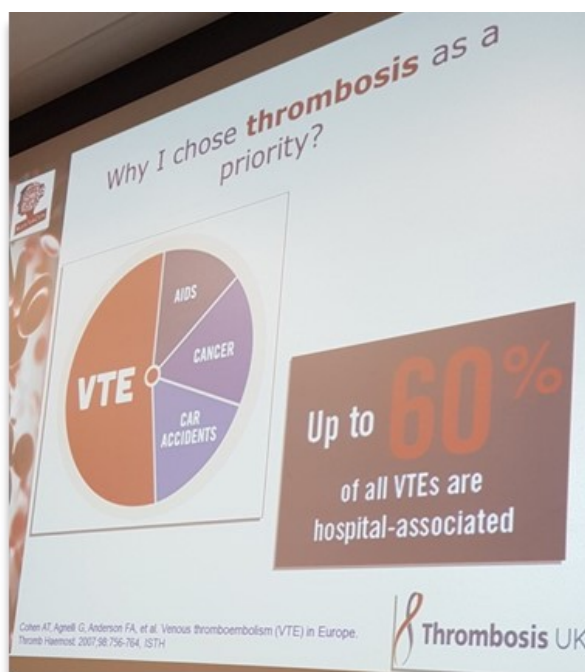
- Learn more about early identification, known risk factors and the value of taking a history
- Communicating with colleagues and investigational testing
- Challenge common misconceptions on signs and symptoms (did you know that 80 percent of all DVTs present with no symptoms?)
- Consider evidenced based treatments, when, for whom and what next
- Place the patient at the centre of care, from information and communication, to minimising the impact that this potentially life threatening condition can cause.



With 60 percent of VTE cases being as a result of hospitalisation, all clinicians have a role to play to do better, improve prevention, and ensure early diagnosis and effective management.

The Let's Talk Clots conferences considered the newly updated and published NICE VTE guideline (NG89), and Care UK's Stephane Jaglin led discussions on this at both the Let's Talk Clots South West conference and the All Ireland National Thrombosis conference held a week later in Belfast.

Amongst other important changes from CG92 to NG89, the introduction of aspirin as first line in prevention of hospital acquired thrombosis post-total joint arthroplasty ignited some interesting discussions in both cities.





Key themes emerging from each event included:

- The need to risk assess patients on admission, whilst in and on discharge from hospital, and to consider the most appropriate thromboprophylaxis for that individual. Prevention is best.
- Cancer-associated thrombosis, with multiple factors increasing the risk of VTE in cancer patients by 25 percent.
- Recognition of thrombosis in pregnancy and post-partum, and the current all too frequent sub-optimal recognition of this, causing it to be the number one direct cause of maternal deaths in the UK.
- Management of DOACs in VTE and AF for prevention and treatment, and breaking news on recent trials and real-life management.

Resources are available from the [Thrombosis UK](http://ThrombosisUK.org) website, including downloadable fact sheets, postcards, bunting and posters.

Slides from all conferences will be available shortly on the Thrombosis UK website, as will film coverage of the South West (Bristol) conference.

Look out for more Let's Talk Clots conferences later this year  
[www.thrombosisuk.org](http://www.thrombosisuk.org)

