

**UNLOCK YOUR
INFLUENCE****SIGN UP FOR FREE**

DR MARK PORTER

The danger posed by blood clots goes far beyond Covid-19

• NEW

Dr Mark Porter | Monday May 18 2020, 5.00pm, The Times

Share



Save



Blood clots are in the spotlight this week after reports that they are “clogging up” the lungs of patients in intensive care with Covid-19. Not that you have to be infected with the virus to be at risk. Despite the NHS being a world leader in clot prevention, venous thromboembolism — deep vein thrombosis (normally in the leg) and pulmonary embolus (clots in the lungs) — remains the main cause of preventable deaths in our hospitals.

Three factors classically contribute to the abnormal clotting that results in a deep vein thrombosis (DVT): overly “sticky” blood, injury to the lining of blood vessels and sluggish flow. Most DVTs form in the deep veins of the leg, and the most common symptom is a painful and occasionally swollen calf that is all too easy to attribute to a pulled muscle. The main risk from delayed diagnosis is that part of the clot will break off and travel to the lungs, causing a pulmonary embolus (PE). And the risk is considerable: about a third of patients with DVTs in their thighs develop a PE and one in three of them will die from it.

Sick people in hospital — whether they have Covid or not — are likely to have all three predisposing factors, particularly if they are immobile in bed after major surgery or on an intensive treatment unit (ITU) after an accident or serious infection. And to compound

matters, patients with Covid also develop massive inflammation in the lungs, which leads to further clotting in the small blood vessels in the part of their lungs where gases are exchanged. Little wonder that ventilating such people has proved a significant challenge — you can boost breathing artificially with a machine, but it's not going to make a huge difference if large sections of the lungs have no blood supply. Air and blood need to meet to keep people alive.

This double whammy of blood clots travelling round the circulation and wedging in the lungs and smaller vessels becoming inflamed and blocking off happens in other illnesses, including bacterial pneumonia and sepsis. And it is very difficult to treat. Conventional clot-prevention measures — eg anticoagulants such as heparin — are used routinely on ITUs, and on many other hospital patients, but while they can help with DVT and PE, we still don't know for sure what impact they have on the microvascular clotting seen in Covid.

In a typical (pre-Covid) year 5,000 people die in England alone from blood clots, most of them while in hospital or within a few months of being discharged. Since 2007, when NHS hospitals started a much more aggressive clot-prevention programme, the number of deaths (in hospital and up to 90 days after going home) has fallen by about 20 per cent, but preventative measures can't stop all clots and early diagnosis remains vital. Prompt treatment with anticoagulants dramatically reduces the risk of DVTs breaking off and ending up in the lungs.



Why should you buy Bitcoin before the halvening in May 2020?

eToro



3 Hot Stocks almost no one is paying attention to
Exponential Investor

Sponsored Content by [dianomi](#)

Diagnosing a DVT in someone exhibiting all the classic signs isn't that hard and, once suspected, can be clinched using blood tests and/or scans, but most DVTs are not that obvious. As many as 80 per cent are "silent" until a bit breaks off and becomes lodged in the lungs. Even then diagnosis can be missed. The textbook symptoms of a PE are sudden-onset chest pain made worse by breathing deeply, breathlessness and coughing up blood, but smaller PEs often present as non-specific unexplained shortness of breath.

Anyone can develop a DVT/PE at any time, but those most at risk include the over-60s; people taking certain medications, particularly oral hormone replacement therapy (HRT) and the combined contraceptive Pill; pregnant women; and those who are obese and/or have underlying diabetes (type 1 and 2) or cancer.

Surgery, particularly intra-abdominal operations and orthopaedic procedures such as hip or knee replacement, is a significant risk factor in patients being treated in hospital, as is any serious infection

or illness, And there is a small group (about 5 per cent of the population) who have an inherited tendency to “stickier blood”, often evident from a history or family history of DVT/PE.

As well as reporting any suspicious symptoms, you can take steps to protect yourself if you are going into hospital (see below), particularly for a planned procedure such as an operation.

For more details on the diagnosis, management and prevention of DVT visit thrombosisuk.org

DVT: the facts

- Although DVT is often linked to long-haul flights (remember those?), air travel accounts only for a tiny proportion. Being treated in hospital is the most common risk factor. And while it is more common in older people, any age group can be affected. Every year at least 2,500 people under the age of 40 in England and Wales develop a DVT and as many as 250 of them will die from it.
- The risk varies depending on the individual and why they are in hospital, but as many as one in three surgical patients will develop a DVT unless specific preventive measures are taken.
- If you are admitted to hospital, ask the doctor or nurse looking after you what steps will be taken to reduce the risk of DVT. All patients should be individually assessed so that preventive measures such as anticoagulants can be tailored accordingly.
- If you have had a DVT/PE, then you are at much higher risk of another, so flag this up. A strong family history may suggest an inherited tendency.
- Seek advice if you are on the combined contraceptive Pill (the mini Pill is fine) or HRT. Both should generally be stopped a month before major surgery.
- Spend as little time as possible in your hospital bed, get up and walk about if you can and stay well hydrated.

If you have a health problem, email drmarkporter@thetimes.co.uk

Related articles



DR MARK PORTER

How to avoid the long queue at



DR MARK PORTER

Feeling ill? Access to a GP has



DR MARK PORTER

How a doctor can help with

your local pharmacy

The centre of our town, like high streets across the UK, is generally much quieter than normal, with the notable exception of the ever-present...

May 11 2020, 5.00pm

Dr Mark Porter

probably never been easier

While public attention remains fixed on the lockdown and when it is going to be lifted, those of us in the NHS are focused on another issue: how...

April 27 2020, 5.00pm

Dr Mark Porter

your anxiety during isolation

Helping people with anxiety has always been a big part of GPs' workload, and we are used to seeing peaks in demand following major events...

April 20 2020, 5.00pm

Dr Mark Porter



The mussel farm that is rewriting the book on growing shellfish

◆ SPONSORED



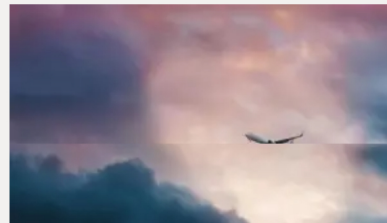
Navigating the financial disruption of Covid-19

◆ SPONSORED



Biometrics and global 'regimes of truth'

◆ SPONSORED




Is it make or break time for 'bad' brands?

◆ SPONSORED

Comments are subject to our community guidelines, which can be viewed [here](#).

Comments



▲ BACK TO TOP

THE  TIMES

GET IN TOUCH

About us

Contact us

Help

The Times Editorial
Complaints

MORE FROM THE TIMES AND THE SUNDAY TIMES

The Times e-paper

The Sunday Times e-paper

Times Currency Services

The Sunday Times Wine Club

Times Print Gallery

The Times Archive

Times Crossword Club

Sunday Times Driving

Times

The Sunday Times Rich List

Times Expert Traveller

Good University Guide