



Preventing hospital acquired blood clots (thrombosis)

Information for patients and carers

This leaflet outlines important information about preventing blood clots during and after your stay in hospital. If you have any questions please discuss with a member of the healthcare team caring for you.

What are blood clots?

Blood needs to clot to stop an injury from bleeding, e.g. if you cut your arm. If this complex clotting process goes wrong, a clot (thrombus) can develop in a blood vessel when it is not needed for healing. A hospital acquired blood clot is defined as a clot that occurs in patients when they are in hospital, and up to ninety days after a hospital admission.

Health professionals now use the term venous thromboembolism (VTE) for venous blood clots. There are two types of VTE:

- **Deep vein thrombosis (DVT):** a blood clot that forms in the deep veins, most commonly in the leg or pelvis. A DVT can cause swelling, redness and / or pain but in many cases patients have no symptoms at all.
- **Pulmonary embolism (PE):** occurs when the clot (DVT) becomes dislodged and passes along the veins reaching the lungs. Symptoms of a PE include breathlessness, chest pain and coughing with blood stained phlegm.

If you develop any of the above symptoms whilst you are in hospital or after you go home, please seek medical advice **immediately**.

Are blood clots common?

Blood clots occur in the general population in about one in 1000 people every year. You may have heard about the risks of DVT from flying, but you are much more likely to get a blood clot after a stay in hospital. Hospital acquired blood clots are recognised as a significant issue, so every patient's risk is assessed when they are admitted. If you are at risk, your doctor or nurse will talk with you about what will be done to offer you protection against clots.

Who is at risk of developing a clot in hospital?

Any unwell adult, or young adult (16/17 years of age), admitted to hospital is at risk. Other factors that put people at greater risk include:

- aged over 60 years
 - being overweight
 - being dehydrated
 - a diagnosis of cancer
 - being immobile
 - having an operation
 - pregnancy, both during and after
 - significant injury or trauma
 - a previous clot OR a close family member with a history of clots
 - a current ongoing medical condition, e.g. cardiac disease, respiratory disease
 - certain “sticky blood” conditions such as antiphospholipid syndrome or Factor V Leiden
 - taking oestrogen-containing contraceptives or hormone replacement therapy
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What can be done to reduce my risk?

Many, but not all, blood clots can be prevented. You can significantly reduce your risk of having a hospital acquired blood clot by:

- drinking plenty of fluids to keep hydrated (unless instructed otherwise)
- getting out of bed as soon as it is safe to do so and keeping as mobile as possible. Whilst your mobility is reduced, undertake leg exercises (ask nursing and/or physiotherapy staff if you need help with this)
- discussing with your doctor or nurse what is being done to reduce your risk of clots and following any medical advice given

Depending on the outcome of your blood clot risk assessment, any of the following preventative measures may have been prescribed by your doctor:

- **Anticoagulants:** many patients at risk will be prescribed an anticoagulant which reduces the chance of developing a blood clot. This trust most commonly uses a type of heparin, given as an injection under the skin. For some orthopaedic surgical procedures the anticoagulant is in tablet form. If you have any questions or concerns regarding the medication please ask your doctor or nurse.
 - **Compression stockings:** you may be measured and fitted with anti-embolism stockings for your legs, and shown how to wear them. Please report any new pain or discomfort in your feet or legs to a health professional. Your stockings will be removed for a short time every day so that you can wash and check for any skin problems. Please refer to the stocking information card (included within the stockings pack) for further information.
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- **Inflatable sleeves:** the clinical team may suggest that you wear calf or foot pumps (special inflatable sleeves worn around your legs or feet) while you are in bed or sitting in a chair. These inflate automatically and provide pressure at regular intervals, increasing blood flow up your veins. The sleeves can be worn over stockings or on their own.

What happens when I go home?

Mobilise as much as possible and continue to drink plenty of fluid (unless instructed otherwise).

You should continue to wear anti-embolism stockings until you return to your usual level of mobility or longer if advised. Please refer to the AES information card for advice on washing the stockings. If you are unable to apply / remove the stockings yourself and there is no-one at home able to do this please inform your nurse.

If you need to continue anticoagulation injections at home, your nursing team will teach you how to do this and provide you with a sharps box in which to safely store used needles (ask your GP surgery or nurse where to take the used sharps box for disposal). If you are unable to inject yourself, and a family member is unable to do this, then community nursing staff will administer the injections. Some patients following orthopaedic surgery may have tablets instead of injections. It is important you complete the course of anticoagulation either injections or tablets. If you have any concerns please speak to a nurse before you leave hospital.

Symptoms to look out for after discharge from hospital

Symptoms of DVT

- Swelling of the affected leg
- Pain / redness in the affected leg

Symptoms of PE

- Chest pain (possibly sudden onset), made worse when you take a deep breath
- Breathlessness
- Cough with blood stained phlegm

In the unlikely event you develop any signs or symptoms of a blood clot at home, seek medical advice immediately either from your General Practitioner (GP) or your nearest hospital emergency department.

Please use this space to write any notes or questions you may have.



Further information and advice can be obtained from:

Thrombosis UK www.thrombosis-charity.org.uk

NHS 111 ☎ 111

NHS Choices online www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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