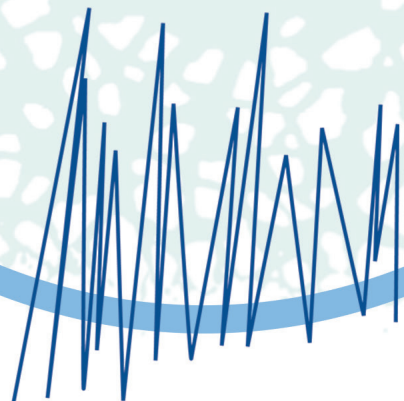


Reducing the risk of hospital-associated blood clots

A patient's guide



This leaflet explains blood clots, which can form after illness or surgery.

What are hospital associated blood clots?

A hospital-associated blood clot occurs in patients when they are in hospital, and up to ninety days after a hospital admission.

There are two kinds:

1. **Deep vein thrombosis (DVT)**

A DVT is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause no symptoms at all or cause swelling, redness and pain.

2. **Pulmonary embolism (PE)**

If a clot becomes dislodged and passes through your blood vessels it can reach your lungs. This is called a PE. Symptoms include coughing (with blood stained phlegm), chest pain and breathlessness. Health professionals use the term venous thromboembolism (VTE), to cover both DVT and PE.

If you develop any of these symptoms either in hospital or after you go home, please get medical advice immediately.

Are blood clots common?

Blood clots occur in the general population in about 1 in 1000 people every year.

You may have heard about DVT in people who have been on an aeroplane, but you are much more likely to get a blood clot after going into hospital. In fact, about two thirds of all blood clots occur during or after a stay in hospital.

The Government recognises hospital-associated blood clots are an important problem and has asked hospital doctors, nurses and pharmacists to assess each patient's risk. 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?

All patients admitted to hospital are potentially at risk of getting a blood clot. When you are admitted to hospital, a healthcare

professional will assess your risk. If you are at risk, we will talk to you about what we offer to protect against clots.

Factors that put people at greater risk from this include:

- Aged over 60
- A previous clot
- Have cancer or cancer treatment or heart failure
- A recent diagnosis of cancer
- Certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden
- Being overweight
- Being immobile
- Oestrogen-containing contraceptives and hormone replacement
- Having an operation
- Significant injury or trauma
- During and after pregnancy

What can be done to reduce my risk?

Stockings

In hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown

how to wear them and told to 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 have a wash and check for any skin problems.

Inflatable sleeves

The clinical team may ask you to wear special inflatable sleeves around your legs while you are in bed or sat still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

Blood thinners

Most patients at risk will be prescribed a small dose of an anticoagulant (blood thinner). These reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The blood thinner most often used is a type of heparin, which is given by injection.

To be effective, these methods of prevention must be used correctly. If you have any questions or concerns, please ask your doctor or nurse.

What can I do to help myself?

If possible, before coming into hospital:

- Talk to your doctor about contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation and will provide advice on temporary use of other methods if your usual contraceptive is stopped.
- Keep a healthy weight.
- Do regular exercise.

When in hospital:

- Keep moving or walking and get out of bed as soon as you can after an operation - ask your nurse or physiotherapist for more information.
- Ask your doctor or nurse: "What is being done to reduce my risk of clots?"
- Drink plenty of fluid to keep hydrated, if your fluid intake is not restricted as part of your treatment.
- Advise staff on the ward if you experience pain, discomfort, or notice redness associated with the wearing of stockings.

What happens when I go home?

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will tell you how to put them on and what you should check your skin for. You should continue to remove them daily to inspect and wash your skin. The team will advise on how long you will need to wear them for.

If you need to continue anticoagulation injections at home, your nursing team will teach you how to do this. If you have any concerns make sure you speak to a nurse before you leave.

If you develop any sign or symptoms of a clot at home, then seek medical advice immediately, either from your General Practitioner (GP) or your nearest hospital's emergency department.

Useful sources of information

Please ask your doctor or nurse for more information.

Royal Papworth Hospital

For an informative video on blood clots, visit:

'Keeping you safe in hospital', at: royalpapworth.nhs.uk/inpatients

NHS Choices

Patient information on blood clots: nhs.uk/thrombosis

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Visitors can contact PALS via a member of staff or by phoning **01223 638896**.

NHS 111

Offers health information and advice, telephone 111

The Thrombosis (UK) Charity

Thrombosis UK is a charity promoting awareness, research and care of thrombosis. Call **0300 772 9603** or visit: thrombosis.org

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