



DEEP VEIN THROMBOSIS (DVT) PATIENT INFORMATION

WHAT IS A DVT?

Deep Vein Thrombosis (DVT) is when a blood clot forms inside the deep blood vessels in your legs. This usually causes a painful swelling of the calf or leg muscles, but it can also form in other parts of your body like the arms, or pelvis.

It is important to diagnose and treat blood clots, because there is a risk that the clot can break off, and travel up through your blood vessels to the lungs.

Your Doctor or Nurse Specialist will follow a pathway that includes a detailed history and examination, a blood test and possibly an ultrasound scan.

ULTRASOUND What you need to know

A DVT is confirmed by ultrasound. Not all patients need an ultrasound.

Your Doctor or Nurse Specialist will organise an ultrasound for you if the pathway shows that you are at risk of a DVT.

The ultrasound is usually done in the in the community, but sometimes needs to be done in the hospital. **There will be no cost to you for the ultrasound.** The ultrasound is usually done on the same day or the next day.

Even if your symptoms improve, it is still **very important that you go to the appointment for the ultrasound scan.** If you are not able to make the appointment please talk to your Doctor or Nurse.

AFTER THE ULTRASOUND What happens next?

IF THE ULTRASOUND SCAN SHOWS NO DVT:

You can see your usual Family Doctor for a follow up in the next few days.

IF THE SCAN SHOWS THAT YOU DO HAVE A DVT:

It is important to discuss treatment with your Doctor straight away. Your Doctor or Nurse Specialist will talk to the thrombosis Specialist team to start your treatment plan straight away.

All treatment, including reviews with the Doctor, will be at no cost to you. It is important that blood clots are treated because they can cause damage, especially if they dislodge and move to your lungs (pulmonary embolism or PE).

The treatment is quite different for different people, depending on many factors. Your Doctor or Nurse Specialist will discuss your case with the Thrombosis / Haematology Specialist team and decide which treatment is best for you.

Most patients can be treated with a tablet called Rivaroxaban, but some patients need Clexane® injections. Some people may need a different type of medication all together. Which medication they recommend varies from person to person, based on lots of different factors such as your age, weight and other medical problems. Both medicines work to help treat and prevent blood clots.

What is Clexane?

Clexane®, or Enoxaparin, is a 'Low Molecular Weight Heparin' and is used to help treat blood clots. It is given as a small injection under the skin.

What is Rivaroxaban?

Rivaroxaban is a tablet used to help treat blood clots. It is taken twice a day to begin with, but will be reduced to once a day if you still need it by your Doctor or Nurse.



TREATMENT more information

When do I start my treatment?

If the ultrasound scan cannot be arranged within 6 hours, you may be given a dose of Clexane or Rivaroxaban. This medication is given to patients who have a high likelihood of having a DVT, to cover them until the diagnosis can be made. If the ultrasound confirms there is a clot then your Doctor or Nurse will arrange further treatment.

What are the side effects?

If you are only having one dose before your ultrasound, the chance of having any unwanted side effects is low. If you need ongoing treatment, the most common side effect is you may bleed or bruise more easily, so be careful not to cut or bump yourself. If you do develop unexpected or significant bleeding, see a Doctor.

Is there any reason it is not safe for me to have Clexane or Rivaroxaban?

Yes – there are a few contraindications to both Clexane and Rivaroxaban. Your Nurse or Doctor will go through a check list with you. Please ensure your Doctor has your full medical history details. Rivaroxaban must not be taken during pregnancy or breast feeding – if you think you may be pregnant tell your Doctor.

Can I take my normal medicines?

It is important to tell your Doctor about **ALL** of the medicines you take, including vitamins and natural medicines that you may buy over the counter. Some medications can interact, meaning they might not work in the correct way or you may experience more side effects. Continue to take your regular medicines unless advised otherwise.

If you are prescribed Rivaroxaban as treatment:

Your Doctor or Nurse will arrange a prescription that you can fill at any pharmacy. Rivaroxaban works best when taken with food and a glass of water.

At the beginning most patients take one tablet twice a day, then reduce to once a day – your Doctor or Nurse will let you know when to take it and how much you need.

If you are prescribed Clexane® (Enoxaparin) as treatment:

If this treatment is right for you, your Doctor or Nurse will teach you how to inject yourself at home. You will be given a prescription for Clexane that will need a Special Authority number for funding. It is easiest if you pick your prescription up from the hospital pharmacy. They will be able to dispense the Clexane immediately, and also provide an instruction booklet and a sharps bin for the needles after you have used them.

If you are unable to inject yourself, your Doctor or Nurse will arrange for you to have the injections daily at your Family Doctors, or by the District Nurse at your home.

What to look out for at home:

Please tell your Doctor immediately if you :

- Develop a painful, itchy rash at the injection site
- Have difficulty breathing
- Feel faint or dizzy
- Have symptoms like hay fever
- Unexpected bleeding

If you become more unwell or any of your symptoms worsen, please see a Doctor as soon as possible.

DANGER SIGNS – when to come straight to the Emergency Department

The most serious complication of a DVT is when the clot breaks off and travels to your lungs. This is called a pulmonary embolus (PE)

- Chest pain or new shortness of breath (more breathless than usual) could be a sign that the blood clot has dislodged and moved to your lungs.
- You need to go straight to your local hospital emergency department. If your symptoms are severe, call an ambulance

DIAL 111 for an AMBULANCE

