

Information for patients and carers

Venous Thromboembolism (VTE)

Preventing blood clots

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

What is Venous Thromboembolism (VTE)?

Venous thromboembolism (VTE) is the description of a blood clot (thrombus) that forms in a vein. This leaflet explains blood clots that can form before or after an illness or surgery.

There are two kinds of blood clot, these are:

- Deep vein thrombosis (DVT)
- Pulmonary embolism (PE)

What is a Deep Vein Thrombosis (DVT)?

A DVT is a blood clot that forms in a deep vein, usually in the leg or pelvis, leading to partially or completely blocked circulation. A DVT can cause:

- Calf or leg swelling
- Redness / discoloration
- Pain / tenderness

However, it can commonly cause little or no symptoms.

What is a Pulmonary Embolism (PE)?

A PE is when a clot has become dislodged from a deep vein and travels through your blood vessels and gets stuck in the arteries of your lungs. It can be a very serious condition. A PE can cause:

- Shortness of breath
- Chest pain
- Coughing up blood-streaked mucus
- Blackouts

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

What causes blood clots and who is at risk?

Anyone who is unwell and admitted to hospital is at risk of developing a blood clot.

Factors which put people at increased risk include:

- Previous clots
- A family history of clots
- Certain blood conditions
- Having an operation
- Being immobile / bed bound
- Active cancer or cancer treatment
- Severe illness
- Being overweight or obese
- Hormone therapy such as HRT and oral contraceptives
- Pregnancy (including the six weeks after the baby is born)

When in hospital we will assess your risk of having a blood clot frequently during your stay.

Assessing your risk helps us decide the best treatments to prevent them.

We will discuss treatment options with you to reduce your risk of developing clots.

What can be done to reduce the risk of developing blood clots?

Not all blood clots can be prevented, but the risk of developing a clot can be significantly reduced. Depending on your individual degree of risk you may just be encouraged to mobilise and keep hydrated.

If your risk is assessed as greater you may need:

- Anti-embolism stockings
- Intermittent compression devices

- Anticoagulant (blood-thinning) medication

Anti-embolism stockings: These are a pair of stockings that gently compress your legs to help the blood flow, reducing the chance of a clot forming. If we think you would benefit from anti-embolism stockings, we will measure you and provide them to you. You will be shown how to wear them. It is important they fit snugly, but are not too tight, your stockings need to be smooth and wrinkle-free, and they should not be rolled down. They should be removed for approximately 30 minutes each day for washing and to check your skin for any problems.

Stockings are not suitable for everyone, for example if you have any current or previous leg ulcers, or you have been diagnosed with any circulation problems.

If you experience any new pain or discomfort in your feet or legs, please inform the doctor or nurse immediately.

Please take care to wear non-slip socks or footwear, to help prevent any slips, trips or falls.

Intermittent compression devices: These are inflatable sleeves which wrap around your legs or feet while you are in bed or sat in a chair. They inflate and deflate automatically and provide pressure at regular intervals, to increase blood flow in your legs. By gently squeezing your leg muscles or feet, it mimics the body's natural way of moving blood around in a similar way to walking.

Blood thinners: These are also known as anticoagulants and help prevent your blood from sticking together to form blood clots.

Low molecular weight heparins (LMWHs) are blood thinners that are given by subcutaneous injection (into the skin). The LMWH used in this hospital is Enoxaparin.

LMWHs are of animal origin. If this conflicts with your personal beliefs, you may wish to discuss with your doctor, nurse or pharmacist if a non-animal alternative is suitable for you.

Blood thinners can cause side effects including injection site reactions and they can also increase the risk of bleeding. For a more comprehensive list of side effects please ask your doctor, nurse or pharmacist.

Your bleeding and clotting risk will both be assessed to ensure the blood thinners are prescribed safely and appropriately.

If you notice any signs of bleeding (such as bruising, blood in your bowel motion or urine) please inform the doctor or nurse immediately.

It is sometimes recommended that these treatments are continued for some period after discharge, if so, this will be explained to you on your discharge.

You will be provided with the medication on discharge, then shown by the nursing staff how to use it and provided a sharps bin for disposal of any injectable medication.

Your medication will be provided with patient information leaflets. Please ask your pharmacist or doctor for further information.

What can I do to help myself?

Whilst in hospital there are some very important and simple things that you can help to reduce your risk:

- Make sure that you get up and about as soon as you are advised it is safe to do so
- Exercise your legs whilst in bed as advised by the nursing staff
- Make sure you drink plenty of fluids - unless advised otherwise
- Follow the advice below once you have been discharged

What can I do once I go home?

Once you get home, it is important to:

- **Keep as active as possible**
- **Use your anti-embolism stockings until your mobility returns to your normal level** - If you have been wearing compression stockings whilst in hospital, it will be explained to you how long you need to continue wearing them. You will be provided with 2 pairs of stockings on discharge; they can be washed, but do not tumble-dry. Please follow the guidance above about wearing your anti-embolism stockings and what to do if you have any concerns
- **Take your medication** - If you are given medication to prevent you developing blood clots, it is important the treatment course is completed. You will be given further information about this before you are discharged
- **Drink plenty of fluids** - Normal guidance is 2 litres a day (unless you are on a fluid restriction). If you do drink alcohol you should only do so in moderation
- **Watch for signs and symptoms of VTE (blood clots)** - If you develop any of the signs and symptoms of a DVT or PE, mentioned on page 2; seek immediate advice from either your GP or your nearest hospital's emergency department.

Contact details

Should you require further advice or information please contact:
The quality assurance team:

Monday to Friday 8-4pm **01772 524358/522655** or

Email: QualityAssuranceTeam@lthtr.nhs.uk

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

www.thrombosisuk.org

<https://www.nice.org.uk/guidance/qs201>

<https://patient.info/doctor/cardiovascular-disease/prevention-of-venous-thromboembolism>

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolem@LTHTR.nhs.uk

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