



## **Deep Vein Thrombosis (DVT) (1 of 4)**

### **Deep Vein Thrombosis (DVT)**

Throughout your treatment you will be assessed, monitored and treated by either an Anticoagulant Nurse Practitioner or a Doctor.

### **What is a Deep Vein Thrombosis (DVT)?**

A DVT is a blood clot usually in a vein in the leg, which stops blood flowing back to the heart. The common symptoms of a DVT are pain, swelling, redness and tenderness around the site of the clot.

A DVT can occur for different reasons such as:

- immobility due to surgery
- an accident
- illness
- a long flight or journey
- a family history of DVT.

Sometimes DVTs develop for no apparent reason.

Diagnosis of a DVT is normally made by a scan of the veins in your leg - referred to as a 'Duplex' scan.

### **How is a DVT treated?**

DVTs are treated with anticoagulant drugs. There are different treatment options available such as Heparin injections and Warfarin tablets or one of the newer anticoagulant drugs which will make your blood take a little longer than normal to clot. You will be assessed within the DVT clinic to determine which treatment option is right for you.

The drugs, will help to prevent the clot getting bigger or travelling to other parts of the body until the clot is dissolved naturally by your own body.

Heparin injections and the newer anticoagulants start to work immediately. However Warfarin tablets take a few days before being fully effective and you will therefore need to use both Heparin injections and Warfarin. Once Warfarin is fully effective, your Heparin injections will be stopped. We will monitor the effectiveness of Warfarin with a blood test called the INR. We need two INRs to be in therapeutic range before the Heparin is stopped.

We can teach you or your carer how to give the Heparin injections or

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer-care@salisbury.nhs.uk](mailto:customer-care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

Name: Nicola McQuaid  
Role: Anticoagulant Nurse  
Date written: January 2005  
Review date: June 2021  
Version: 2.1  
Code: PI0925

**Anticoagulant Clinic**

 **01722 429006**

arrange for a nurse from your GP surgery to give them to you.

As each person responds differently to Warfarin, a blood test called an 'INR' (International Normalised Ratio) will be done to measure the clotting time of your blood. The dose of Warfarin may then be changed accordingly. In the first few weeks of Warfarin treatment you will need to have your INR checked twice weekly - this can be done at the hospital or your GP surgery. The Warfarin treatment will be monitored by the Anticoagulant Clinic and normally continues for 3-6 months.

If you are to be treated with one of the newer anticoagulant drugs then monitoring will not be necessary.

### **What can I do to help myself?**

- it is important that you keep your appointments for your blood tests and continue your treatment until you are advised to stop.
- take gentle exercise, like walking but avoid any activities that may cause you to cut or bruise yourself.
- do not stand or remain seated for long periods of time.
- raise your legs when sitting down - if your legs are swollen they should be raised higher than your hips but avoid pressure on your calves.
- if you need compression stockings you will need to see your GP for a prescription.

There is a risk that the DVT can dislodge and travel to the lungs - this is called a pulmonary embolism (PE). If we do not treat the DVT you are at risk of developing a PE. A below knee DVT carries a small risk whereas one above the knee carries a 40-50% risk of becoming a PE if not treated. You are at no greater risk of having a PE whether treated at home or in hospital.

If you develop any of the following symptoms you must seek immediate medical help:

- chest pain
- shortness of breath
- cough with blood streaked mucus.

### **Compression stockings**

Wearing these stockings will reduce the swelling and discomfort and help to reduce the risk of developing a condition called post thrombotic disease which can lead to chronic leg swelling, aching legs and also possibly leg ulcers, a problem which can arise later in life following a DVT. The Nurse Practitioner will advise you if compression should be worn.

There are different types of compression stockings – only one type is used for the treatment of DVT. You will be given one pair of Grade 2 stockings by your GP, one stocking to wash and one to wear on the affected leg. The stockings will apply carefully measured pressure to your leg.

Anticoagulant Clinic  
01722 429006

## How do graduated compression stockings work?

Compression stockings apply pressure on the skin and tissues. This provides support for the veins, which will help to:

- improve blood flow
- reduce swelling
- reduce pain
- prevent leg ulcers occurring

You should start to wear your stockings as soon as the swelling starts to reduce and certainly within a week of diagnosis.. You should wear them for two years after this date.

## Where do I get my stockings?

You will be given a prescription from your GP to collect your stockings from the chemist.

Compression stockings that are sold over the counter do not provide the same level of support as prescription stockings and are not appropriate for people with a DVT unless this has been discussed with your GP.

## Can I keep the same ones the whole time?

Your stockings need to be comfortable and measured to fit you. They will need replacing at least every 4-6 months to ensure they remain elasticated. If your size changes as the swelling goes down you will need to be re-measured. Your circulation will be assessed before you are prescribed compression stockings and this should be repeated every 3 to 6 months.

## How do I put on the stockings?

- put your hand in the stocking as far as the heel.
- hold the heel and turn the stocking inside out as far as possible.
- put the stocking over your foot and heel. The centre of your heel should be over the heel pocket of the stocking.
- pull the stocking up and fit it around your ankle and calf, ensuring the top of the stocking is situated at the back of the knee.
- ensure the stockings are smooth and wrinkle free. This is to avoid discomfort and sores developing.
- ordinary socks or tights may be worn over the top.

Always let your nurse or doctor know if you have problems putting on the stockings.

## When do I take the stockings off?

You should take them off before going to bed and put them on again when you get up.

## Is there anything else I need to know?

- if the stockings are falling down, ask your doctor, nurse or chemist to check that the stockings are the correct size.

- if you notice pins and needles, pain or swelling in your legs, or your toes look blue; remove the stockings and ask your doctor, nurse or chemist to check they are the correct size.
- tell your doctor or nurse if you notice a rash, discolouration or damage to your legs.

## **How do I wash the stockings?**

Stockings should be washed daily. In general they can be hand or machine washed at normal temperatures, then line or tumble dried. However you must remember:

- do not use any bleach when you are washing them
- do not hang them on a radiator to dry.

Either of these actions may damage the elastic material.

Always read and follow the instructions that come with the stockings.

If you need more information or advice please contact either the Anticoagulant clinic, GP, practice nurse or chemist.