



# **Preventing Blood Clots**

# A hospital associated blood clot can occur in patients when they are in hospital, and up to 90 days after a hospital admission.

There are two kinds of blood clots:

- 1. Deep vein thrombosis (DVT): a DVT is a blood clot 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 in your phlegm), chest pain and breathlessness. (If left untreated a PE can lead to death).

If you develop these symptoms either in hospital or after you go home, it is important that you 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 DVT in people who have had a long aeroplane flight. Each patient's risk is assessed on admission to hospital. If you are at risk, your doctor or nurse will talk to you about what will be done to offer you protection against clots.

## Who is at risk?

Any unwell adult admitted to hospital is at risk. Other examples of factors that put people at a greater risk include:

- Having an operation
- A previous clot
- Certain 'sticky blood "conditions such as Factor v Leiden
- Being overweight
- Being immobile
- Oestrogen containing contraceptives and hormone replacement therapy
- Significant injury or trauma

#### What can be done to reduce my risk?

**Stockings:** in hospital, you may be measured and fitted with anti-embolism stockings for your legs. You will be shown how to wear them and asked to report any new pain or discomfort in your feet or legs. Your stockings will be removed for a short time each day for you to wash or shower and check for any skin problems.

**Inflatable sleeves:** You may be asked to wear calf pumps; these are inflatable sleeves around your feet or 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 in and out of your legs.

**Blood thinners:** Many patients will be prescribed a dose of 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. Please be aware that some "blood – thinners" are derived from animal origins. Please discuss this with your doctor if this is of concern to you. To be effective, this method of prevention must be used correctly and the course prescribed completed. 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 days prior to your operation and offer 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 are able after your operation. (Always ensure your nurse or physiotherapist are with you until you are safe to do this alone)
- Drink plenty of fluid to keep hydrated.

#### What happens when I get home?

Until you return to your usual level of activity, you may need to continue wearing your antiembolism stockings after you go home. Your nurse will show you how to put them on and what you should check your skin for.

If you have been prescribed anticoagulation injections at home, your nursing team will provide information and teach you how to do this.

If you have any concerns make sure you speak to a nurse before you leave hospital. It is important that you complete the prescribed course.

If you develop any sign or symptom of a blood clot at home, seek medical advice

immediately, (either from you General Practitioner (GP), your local emergency department or your Specialist).

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