



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Preventing blood clots (Venous Thromboembolism) when you have had a lower limb injury

Information for patients, relatives and carers

① For more information, please contact:

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Why have I been given this information?

The following information has been written to explain the treatment you should be given to help prevent blood clots when you have had a lower limb injury. It also tells you about the symptoms you might have if you develop a blood clot in one of your legs or lungs.

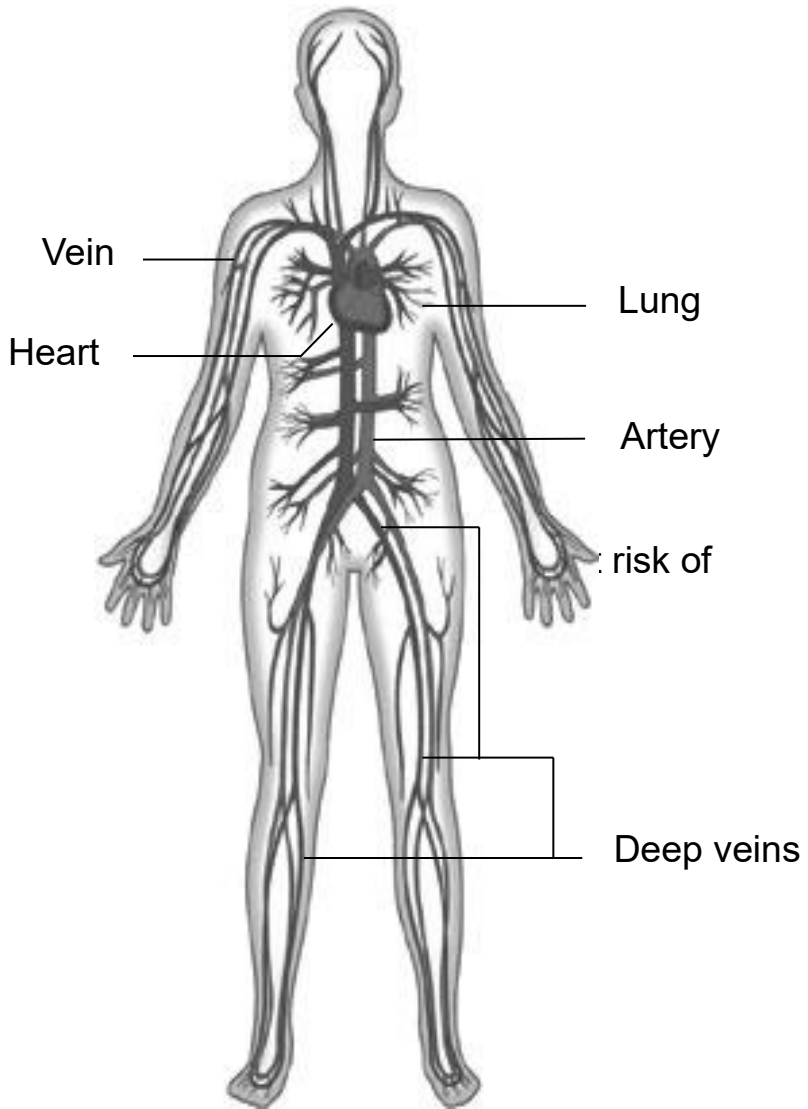
After reading this information, you may wish to talk to your doctor about the treatment that is most suitable for you.

What is Venous Thromboembolism (VTE)?

VTE is the name given to a blood clot that forms in the deep veins that run through your body. The most common place for a blood clot to form is in the veins in one of your legs. This is called a deep vein thrombosis or DVT for short. A DVT usually causes pain and swelling of the affected leg.

If a blood clot becomes dislodged, passes through your circulation and reaches your lungs, this is called a pulmonary embolism or PE for short. A PE can cause chest pain, breathlessness and coughing (sometimes with blood stained phlegm), a fast heart rate or palpitations, fainting or collapse.

A DVT or PE requires urgent treatment. If you develop any of the symptoms of DVT or PE either in hospital or soon after leaving hospital, you should get medical help immediately.



Deep veins in your body are at risk of developing blood clots

Is VTE common in lower limb injury?

If you have had a lower limb immobilised you may be considered at increased risk of VTE. You may be considered to have a high risk injury if you have any of the following:

- An above or below knee cast or splint
- A non weight bearing limb i.e. you are using crutches
- A severe injury, e.g. dislocation, fracture, complete tendon rupture
- A significant reduction in your mobility

Approximately 11% of all patients immobilised in a plaster cast will develop a DVT. Some patients will be much greater risk than others.

Who is at risk of VTE following a lower limb injury?

If one or more of these risk factors apply to you and you have a lower limb injury, your risk of getting a blood clot is increased:

- You have had a blood clot before
- You have had a recent hospital admission or surgery (within six weeks) and you are not already on blood clot preventative therapy

- You have cancer
- You are pregnant or have recently had a baby
- Your blood has an increased tendency to clot
- You are very ill
- You are over 60 years old
- You are overweight
- You have another medical condition requiring regular treatment
- You are taking a contraceptive pill or hormone replacement therapy (HRT)
- You have varicose veins with phlebitis
- You smoke
- You have had recent episodes of diarrhoea and/or vomiting (dehydration)
- You have a close relative who has had a DVT or PE

What will happen when I have had a lower limb injury?

If you have a lower limb injury the doctor or healthcare professional will review the type and severity of the injury and whether prophylactic treatment will be suitable for you. Prophylactic treatment reduces the risk of you developing blood clots after your lower limb injury.

What can I do to reduce my risk of VTE?

There are some precautions that you can take to reduce your risk of VTE:

- Keep a healthy weight
- Exercise/move regularly joints that are not affected by your injury
- Drink plenty of fluid to keep hydrated
- Stop smoking if you smoke
- Talk to your doctor or nurse if you take a contraceptive pill or hormone replacement tablets.
- Your doctor may ask you to stop taking them in the weeks after your injury. Do not stop taking your contraceptive pill without having a discussion with your doctor or Family Planning Clinic.
- If you have to make journeys that are longer than three hours in the month just after your injury try to exercise/move regularly joints that are not affected.

What will happen to reduce my risk of VTE?

The type of treatment you are offered to reduce the risk of a VTE will depend on your injury and the type of risk factors you have. Your assessment will take the following into account:

- The type of injury
- Your risk factors for VTE
- Your risk of bleeding if anticoagulant medicines are prescribed for you
- Other medications you are taking

Injections

You may be prescribed an anticoagulant injection, which reduces the chance of your blood clotting and causing a DVT or PE. It alters the blood clotting process to stop clots from forming so easily.



The injection normally prescribed is called low molecular weight heparin (LMWH). This is usually injected once a day into the skin over your stomach or into the top of your leg. You may experience a temporary stinging sensation when the injection is given. This is normal and you are advised not to rub the area around the injection site.

You may wish to inject LMWH yourself – if this is the case you will be shown how to do it.

You will be given a sharps bin to dispose of the injection safely. You should be shown how to use this before you go home. The sharps bin can be returned to the clinic at the hospital when your treatment has finished.

Anticoagulant Medicines

There are some newer medicines available that can be taken by mouth. If you are unable to give yourself the injection or you have previously had a reaction to these injections, you may be offered one of the newer tablets instead. Like the injection, the tablets reduce the chance of your blood clotting and causing a DVT or PE.

How long do I need to be treated?

It is advised that you remain on the treatment for approximately four to six weeks, or until you are fully mobile again. The doctors looking after you will tell you when to stop.

What are the possible side effects from treatment?

If you take the medication as prescribed, it is unlikely that you will experience any significant problems. However, LMWH will increase your risk of bleeding. Tell the doctor or nurse looking after you if you experience any of the following:

- Blood in your bowel motions or urine
- Coughing up or vomiting blood
- Heavy or persistent nose bleeds
- Unexplained visible bruising

Allergic reactions

Possible allergic reactions to LMWH include difficulty breathing, skin rash and itching. If you suspect that you are having an allergic reaction to your medication, you need to seek urgent medical attention from your GP or the emergency department.

Looking after your injured limb

This leaflet does not tell you how to look after your injured limb. You should have been given some advice about looking after your dressings, splints or plaster cast from the clinic. It is important that you follow this advice and contact the clinic if you experience any problems.

General advice

Pain relief: Paracetamol is safe to take with LMWH. Aspirin and non-steroidal anti-inflammatory drugs e.g. ibuprofen, should be avoided, unless under the guidance of your GP.

Other medication: Your current medicines have been reviewed by the doctor before starting LMWH. It is important that you always check any changes in prescribed dose or new medicines with your GP or pharmacist. Herbal or alternative remedies may interact with LMWH and you must make sure they are safe to take with your treatment.

Diet and alcohol: It is advisable to eat a healthy balanced diet, and to avoid excessive changes in your weight during your treatment.

Alcohol can interfere with your treatment; it is recommended that you do not exceed one to two units of alcohol per day.

When should I seek urgent medical advice?

If you experience the following:

- New or unexpected swelling and pain in your leg(s), for example, if your plaster cast has become uncomfortably tight

Contact your GP or attend the Emergency Department as soon as possible and advise the doctor that you have recently injured a lower limb.

If you experience any of the following possible symptoms of PE:

- Unusual sudden onset of breathlessness
- Coughing up blood
- Any episode of collapse
- Fast heart rate, racing pulse or palpitations

Call 999 urgently (or 112 if you are using a mobile phone) and advise the operator that you have recently injured a lower limb.



Useful Contact Numbers

Plaster Room (York)

Tel: 01904 726523 Monday to Friday 9am - 5pm

Emergency Department (York)

Tel: 01904 726042

Plaster Room (Scarborough)

Tel: 01723 342042 Monday to Friday 9am - 5pm

Emergency Department (Scarborough)

Tel: 01723 342145

References and further information

NHS direct: www.nhsdirect.nhs.uk

The Department of Health: www.gov.uk/dh

NHS Website: www.nhs.uk

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Anisah Ahmad, Pharmacist, The York Hospital
Pharmacy Department, The York Hospital, Wigginton
Road, York, YO31 8HE or telephone 01904 725736

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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或發電

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