



About blood clots

Blood normally flows quickly and uninterrupted through the veins. Sometimes however, clots can form that either reduce the blood flow or stop it completely. A deep vein thrombosis (DVT) is a blood clot in a deep vein, usually in the leg or pelvis but can occur in the arm.

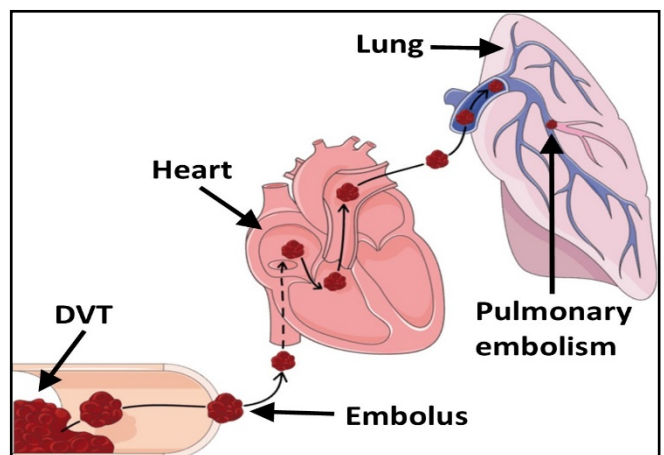
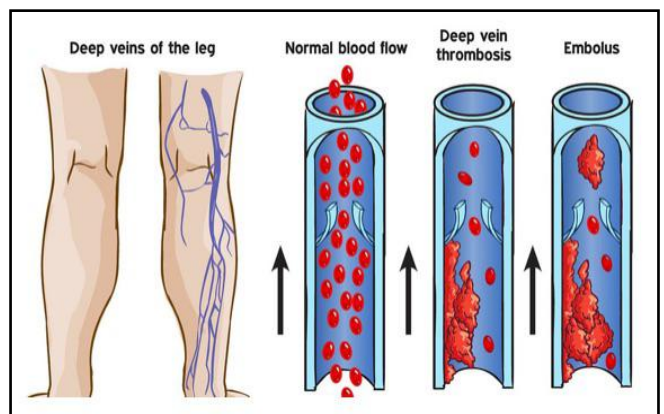
A pulmonary embolism (PE) is when all or part of the DVT becomes dislodged and travels with the natural flow of blood back to the lungs. The clot then gets stuck in the blood vessels of the lung. This may be fatal.

DVT and PE are also known as venous thromboembolism (VTE).

When are you at risk of clots (VTE)?

Blood clots can form when the blood flow slows down and/or if the blood itself is prone to clotting. There are a number of risk factors for this including:

- Immobility because you are unwell
- After surgery
- Increasing age (although even young people can get clots)
- History of blood clots (you or your close family members)
- Cancer
- Heart, lung or kidney disease
- Certain medications, such as hormonal treatments or chemotherapy



What can we do to prevent clots (VTE)?

There are a number of measures that will help minimise your risks of getting a clot. On admission to the Hospice, you will have your risk for VTE assessed and, if necessary, preventative measures will be advised. We will also assess if any preventative measures may not be suitable for you.

Preventing Blood Clots

- **Drink plenty of fluid**

Dehydration can also increase your risk of clots, so make sure you drink enough fluid.

- **Keep moving and leg exercises**

It is important to move around as much as possible. This is sometimes the only measure that needs to be taken. Leg exercises also help to keep the blood flowing well in your veins. Point your toes down and bend the foot up at regular intervals as this helps to pump blood back to your heart. Rotate your ankles. Do this at least ten times an hour when you are inactive for long periods of time if you are able.

- **Anti-embolism stockings (AES) or TED stockings**

You may be measured and fitted with anti-embolic stocking (AES), which are usually knee length. The stocking works by reducing damage to the leg veins that expand when you are not mobile and help return blood to the heart. They should be worn day and night until you are back to your normal levels of mobility. If you need to continue to wear them when you go home, the nurse will show you or your carer how to put them on safely.



- **Medication**

Drugs used to prevent or treat blood clots are called anticoagulants. While you are in the Hospice, you may be prescribed anticoagulant medication in the form of an injection (most commonly enoxaparin), sometimes it will be in tablet form instead.

In some situations, the medication may need to be continued once you go home. If you need to continue with the injections at home, you or a family member will be taught how to give these safely.

Anticoagulants reduce your risk of developing a clot, but they may also increase your risk of bleeding. Because of this, we assess whether bleeding might be a problem for you. If your risk of having problems with bleeding is higher than your risk of VTE, you will not be given an anticoagulant to help prevent VTE, but you may be given other treatments instead.

What are the symptoms of clots (VTE)?

- **Symptoms of deep vein thrombosis (DVT)**

Symptoms include swelling of the calf or thigh, usually accompanied by pain, heat or redness, or difficulty in weight bearing. However, many DVTs produce no, or only some of these symptoms.

- **Symptoms of pulmonary embolism (PE)**

PE occurs when a piece of blood clot breaks off into the bloodstream and blocks one of the blood vessels in the lungs. Symptoms include difficulty in breathing or shortness of breath, coughing up bloodstained phlegm or chest pain that is often worse on breathing in. These can sometimes be accompanied by symptoms of DVT.