

# Preventing hospital-acquired blood clots

Haematology Department



Patient information leaflet

**This leaflet explains more about blood clots, which can form after illness and surgery.**

## **What are hospital-acquired blood clots?**

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A hospital-acquired blood clot occurs in patients when they are in hospital, and up to ninety days after a hospital admission. There are two kinds:

**1. Deep vein thrombosis (DVT):** a DVT is a blood clot (also known as a thrombosis) 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 stained phlegm), chest pain and breathlessness. Health professionals use the term venous thromboembolism (VTE), to cover both DVT and PE.

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

## **Are blood clots common?**

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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 been on an aeroplane, but you are much more likely to get a blood clot after going into hospital. In fact, about two thirds of all blood clots occur during or after a stay in hospital. The Government recognises hospital-acquired blood clots are an important problem and has asked hospital doctors, nurses and pharmacists to assess each patient's risk. If you are at risk, your doctor or nurse will talk with you about what will be done to offer you protection against clots.

## Who is at risk?

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Any unwell adult admitted to hospital is at risk – that is most adults. Other factors that put people at greater risk include:

- age over 60 years
- a previous clot
- a recent diagnosis of cancer
- certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden
- being overweight
- being immobile
- certain oestrogen-containing contraceptives and hormone replacement
- having an operation
- significant injury or trauma
- during and after pregnancy

## What can be done to reduce the risk?

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**Stockings:** In hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs to a health professional. Your stockings will be removed for a short time every day so that you can have a wash and check for any skin problems.

**Inflatable sleeves:** The clinical team may ask you to wear calf or foot pumps; special inflatable sleeves around your legs or feet while you are in bed or sat still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

**Blood thinners:** Most patients at risk will be prescribed a small dose of an 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. The blood thinner most often used is a type of heparin, which is given by injection. Blood thinning tablets are increasingly being used after orthopaedic surgery.

Potential side effects of blood thinners include bleeding, bruising and a reduced number of platelets in the blood. If you are given a blood thinner by injection you may experience a reaction at the site of the injection. If you experience any bleeding, bruising or skin discolouration please inform the doctor or nurse immediately. Information about the specific side effects associated with the blood thinner you are prescribed will be included in the leaflet that is supplied with the medicine; if you are not taking the medicine home and would like a copy please ask the nurse for one.

**To be effective, these methods of prevention must be used correctly. If you have any questions or concerns, please ask your doctor or nurse.**

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

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### **If possible, before coming into hospital:**

- Talk to your doctor about contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation and will 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 can after an operation – ask your nurse or physiotherapist for more information.
- Ask your doctor or nurse:  
“What is being done to reduce the risk of clots?”
- Drink plenty of fluid to keep hydrated.

## What happens when I go home?

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Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will tell you how to put them on and what you should check your skin for. If you need to continue anticoagulation injections at home, your nursing team will teach you how to do this. If you have any concerns make sure you speak to a nurse before you leave.

If you develop any sign or symptoms of a clot at home, then seek medical advice immediately, either from your General Practitioner (GP) or your nearest hospital's emergency department.

## Useful sources of information

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- **NHS Choices** website patient information on blood clots  
[www.nhs.uk](http://www.nhs.uk)
- **NHS 111** – Fully trained advisors supported by experienced Nurses and Paramedics who can advise on healthcare or direct you to a local service that can best help you. Call 111 free from a landline, 365 day service.
- **Thrombosis UK (Registered Charity)**  
Please visit: [www.thrombosisuk.org](http://www.thrombosisuk.org)

## Key reference source

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- [www.thrombosisuk.org/downloads/thrombosisuk-hospital-acquired-clots-1.pdf](http://www.thrombosisuk.org/downloads/thrombosisuk-hospital-acquired-clots-1.pdf)





## Contact details

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If you have any concerns regarding VTE after your discharge from hospital please contact your GP immediately; out of hours contact NHS 111 or the Accident and Emergency department of your local hospital.

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### PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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