



# **Reducing the risk of a blood clot during and after your admission to hospital**



**Northampton  
General Hospital**  
NHS Trust

# Information regarding blood clots

## **What is this leaflet for?**

This leaflet will help you to understand the risk of developing a blood clot and explain what can be done to help prevent this from happening.

## **How does a blood clot form?**

If you become inactive over a period of time, your blood moves around your body more slowly. This can sometimes lead to blood collecting, which in turn can lead to a blood clot (thrombosis) forming. If a clot forms in the deep veins of the calves, thighs, pelvis or arms it is known as a deep vein thrombosis (DVT).

## **When can a blood clot occur?**

This can occur at any time due to a narrow, blocked or damaged blood vessel as a result of poor circulation, injury, inactivity, severe illness or surgery. The most common cause of a blood clot developing in a vein is immobility.

## **Is a blood clot life threatening?**

A blood clot itself is not necessarily life threatening. If a part of it breaks off and travels to another part of your body, it can then become a problem, this is known as a venous thromboembolism (VTE).

If the blood clot moves to the lungs it is known as a pulmonary embolism (PE). This is a very serious condition that can be fatal if not treated.

## What are the signs and symptoms of a blood clot?

- Pain or swelling in your legs
- The skin on your leg is discoloured (red, purple, blue) or feels hot
- Numbness or tingling in your feet
- The veins in your leg appear larger than normal
- Shortness of breath
- Pain in your chest, back or ribs which is worse if you take a deep breath
- Coughing up blood

If you experience any of these symptoms please inform the doctor or nurse **immediately**.

## Am I at risk?

Anyone who is unwell in hospital, or having surgery may be at risk but some people are more likely than others to develop a blood clot. You are at increased risk if:

- You have a personal or family history of blood clots
- You have cancer or are receiving cancer treatment
- You have long standing heart or lung problems
- You are taking an oestrogen containing contraceptive pill
- You are taking hormone replacement therapy
- You have inflamed varicose veins (phlebitis)
- You are overweight (body mass index of 30 or more)
- You have poor mobility

- You are over 60 years of age
- You have a disorder that makes your blood more likely to clot
- You have recently had an operation
- You are pregnant
- You have had a baby within 6 weeks

## How can the risk be reduced

Once you are admitted to hospital a doctor will complete a simple assessment to determine your risk. Patients having planned surgery will have their assessment completed by a nurse before admission to hospital.

You can ask your nurse or doctor what the outcome of your risk assessment is.

There are a number of ways to reduce your chances of developing a blood clot:

- **Anti-embolism socks:** These are tight socks designed to reduce the risk of blood clots. They do this by squeezing the lower legs and thighs. This helps the blood flow better during periods of inactivity. If you are having surgery you may be given socks to wear during your admission and some patients may need to continue to wear them for a period following discharge from hospital.

You will be shown how to wear the socks correctly. They should be removed daily for hygiene purposes and to check the condition of your skin. Please tell the nurse if you experience any discomfort or notice any skin discolouration or blistering.

- **Medication:** You may require a daily injection of heparin. This will help to prevent your blood from clotting inappropriately.

Some patients may need to continue the injections for a period of time following discharge from hospital. You can be shown how to do this yourself, but if you have any difficulties alternative arrangements will be made.

- **Patients** having planned surgery to replace hips or knees may be given a tablet to take daily instead of or after a short course of injections. This will be continued for a number of weeks following discharge. You will be given a separate booklet explaining this.
- **Bleeding:** All the medicines used to reduce your blood clot risk may increase your risk of bleeding. You will be monitored for this, but if you experience any bleeding, bruising or skin discolouration please inform the doctor or nurse **immediately**. You will only be given medication if your risk of developing a blood clot outweighs your risk of bleeding.

## Other ways to reduce the risk

You will be encouraged to be as mobile as possible, it also helps to keep well hydrated. If appropriate a physiotherapist will assist with your mobility and show you breathing and leg exercises.

## When is it not appropriate to wear anti-embolism socks?

- With suspected or proven peripheral arterial disease
- If peripheral neuropathy is present
- If the anti-embolism socks may cause damage such as with fragile skin, gangrene, dermatitis or recent skin graft
- You have an allergy to the material of manufacture
- You have severe leg oedema

## What happens when I am discharged from hospital?

Your risk of developing a blood clot may persist after you have been discharged from hospital. Some patients will continue to take medications and wear anti-embolism socks at home. All patients should take the following precautions:

- Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you have been shown
- Drink plenty of fluids to avoid dehydration
- Take painkillers regularly as needed
- Undertaking a journey (e.g. flight, car coach) of longer than three hours within four weeks of an admission to hospital may not be advisable. Please seek further advice from your ward doctor or GP

If you experience any symptoms of a blood clot or bleeding you should contact your GP immediately. If you have severe shortness of breath, chest pain or uncontrolled bleeding you should **dial 999** for an ambulance.

# Notes

## Useful websites

[www.nhs.uk](http://www.nhs.uk)

[www.northamptongeneral.nhs.uk](http://www.northamptongeneral.nhs.uk)

## Other information

Northampton General Hospital operates a smoke-free policy. This means that smoking is not allowed anywhere on the Trust site, this includes all buildings, grounds and car parks.

Leaflets, information, advice and support on giving up smoking and on nicotine replacement therapy are available from the local Stop Smoking helpline on 0845 6013116, the free national helpline on 0300 123 1044, email: [smokefree@nhft.nhs.uk](mailto:smokefree@nhft.nhs.uk) and pharmacies.

Car parking at Northampton General Hospital is extremely limited and it is essential to arrive early, allowing ample time for parking. You may find it more convenient to be dropped off and collected.

This information can be provided in other languages and formats upon request including Braille, audio cassette and CD. Please contact (01604) 523442 or the Patient Advice & Liaison Service (PALS) on (01604) 545784, email: [pals@ngh.nhs.uk](mailto:pals@ngh.nhs.uk)

Northampton General Hospital NHS Trust, Cliftonville, Northampton NN1 5BD.  
Desktop Publishing by the Communications Department  
Updated May 2019

NGV1269