

Lifestyle and home remedies

- Keep all appointments with your doctor or nurse to see if your medication needs to be changed.
- Many medications can interact with Warfarin, either causing it not to work or to work too well causing bleeding. ALWAYS check first with your doctor or pharmacist about all other medication including your usual medications, pain relief and any over-the-counter, herbal and supermarket remedies as these can react with your warfarin tablets.
- Try raising your leg to help reduce swelling and discomfort
- Exercise your calf muscles if you'll be sitting a long time. Whenever possible get up and walk around.
- If you've been on bed rest because of surgery or other factors, the sooner you get moving, the less likely blood clots will develop.
- Make lifestyle changes- lose weight, quit smoking and control your blood pressure.
- Wear compression stockings to help prevent blood clots in the legs if your doctor recommends them.
- Be on the lookout for excessive bleeding which can be a side effect of taking medication such as "blood thinners" Talk to your doctor about activities that could cause you to bruise or get cut.

My appointments:

Ultra-sound

Where do I go? _____

What day and time? _____

Blood tests

Where do I go? _____

What day and time? _____

When do I come back to see the doctor or nurse?

Appointments: _____

When should I phone for Results? _____

Where do I get compression stockings or socks? _____



Rotorua Hospital

Pukeroa Street
Private Bag 3023
Rotorua

Phone 07 348 1199

Email: gm.office@lakesdhb.govt.nz

Website: www.lakesdhb.govt.nz

Taupo Hospital

Kotare Street
PO Box 841
Taupo

Phone 07 376 1000



Deep Vein Thrombosis (DVT)

Patient Information

Authorised Clinical Pathways Governance Group -
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What is a DVT?

This is a clot (thrombosis) which forms in the deep veins in your body, usually in your legs

What causes a DVT?

Blood clots form when blood cells stick together. This is a natural process that makes sure that blood flow will stop if you cut yourself. If a clot forms in the deep veins of the leg, a DVT occurs.

What are the symptoms of DVT?

Some people have no noticeable symptoms, others may experience:

- Swelling in the affected leg including ankle and foot
- Pain in your leg
- Warmth over the affected area
- Changes in skin colour such as turning pale, red or blue
- Calf tenderness
- Raised temperature

What are the risk factors for DVT?

Risk factors include:

- Blood-clotting disorders
- Being overweight
- Smoking
- Getting older
- Previous history of DVT
- Pregnancy and childbirth
- Varicose veins
- Cancer
- Heart failure
- Some contraceptive pills or hormone therapy
- Recent surgery
- Injury e.g. fracture of the leg

- Immobility e.g. bed rest for more than 4 days
- Inactivity e.g. long distance journeys

What are the main problems with a DVT?

- Blood clots are often painful and cause swelling
- Clots can get bigger and even break off and travel to the lungs- this is called a pulmonary embolism
- Once a vein is blocked with a clot, other veins will need to take over the role of the blocked vein. Sometimes this can cause long term swelling of the leg which can be uncomfortable and lead to skin ulcers (this is called post-thrombotic syndrome)

What can be done about DVT?

The goal of treatment for DVT is to:

- stop the clot getting bigger
- prevent the clot breaking loose and causing a pulmonary embolism
- reduce your chances of DVT happening again

Am I suitable for treatment in the community?

If you are pregnant or for some other reasons including if you have a chronic disease, your doctor will refer you to the hospital emergency department to see a specialist to treat your DVT. Otherwise your DVT can be treated by a GP doctor in the community.

What tests will I have?

Your doctor may refer you to the radiology (X ray) department at the hospital for an ultra-sound scan of your leg. Ultra-sound scans use

sound waves to detect blood flow in veins and arteries. Sometimes a blood test may also be used to help in the detection of blood clots.

What treatment will I have?

If it is more than six hours before your ultrasound appointment, your doctor may give you an injection of "Clexane".

Clexane is the first medication prescribed to reduce clotting. This is sometimes called "blood thinning" or anti-coagulation medication.

If your ultra-sound doesn't show any clot you will not need any further blood thinning treatment.

If your ultrasound shows a clot then you will require a further blood test and your doctor will tell you how many more doses of Clexane you will need (usually several days) and the dose. Usually Clexane is given daily while the doctor starts you on a tablet medication called "Warfarin". Warfarin is another blood thinning medication which takes several days to take effect. Once the tablets have thinned your blood enough the Clexane injections can be stopped.

Your nurse may teach you to give your own Clexane injections or arrange for you to visit the clinic or have the district nurse visit for injections.

Your doctor will arrange further blood tests to ensure the right dose of Clexane and warfarin for you.

Your doctor will explain how long you need to take your warfarin tablets for and whether you will need any further ultra-sound scans. Usually warfarin is taken for at least three months.

Your doctor may recommend that you are fitted with compression stockings to help the blood flow in your legs. Stockings should be worn for two years.