



Information for patients, relatives and carers

Deep Vein Thrombosis (DVT)

Possible DVT

You have attended the Emergency Department with a swollen/painful leg. One of the potential causes for this is a blood clot in the deep veins of your leg, a DVT.

A possible serious complication of this blood clot is a pulmonary embolism (PE). This is where part of the clot breaks off and travels to the lungs. In order to minimise the chance of a PE you will be commenced on anticoagulant medicine to thin the blood.

What is a DVT?

A DVT is a blood clot that has developed in one or more of the deep veins, usually in the leg. The vein may be partially or completely blocked, and this can cause pain, swelling and redness in the affected limb.

Why does a DVT occur?

Sometimes a reason cannot be found, but the following have been identified as potential risk factors for developing a DVT:

- Previous thrombosis or family history of blood clots
- Pregnancy
- Recent surgery or trauma
- Contraceptive pill or hormone replacement therapy
- History of cancer or heart failure
- Increasing age
- Reduced or impaired mobility
- Smoking
- Being overweight
- Certain blood clotting disorders

Why is DVT treated?

It is important to treat the blood clot in your leg to:

- Help prevent the blood clot getting larger or moving
- Help reduce the risk of a PE
- Help relieve the symptoms of a DVT
- Help prevent ongoing problems with pain and swelling following a DVT (post thrombotic syndrome)

How is a DVT treated?

DVT is treated using a direct oral anticoagulant (DOAC) or a combination of warfarin and low molecular weight heparin (LMWH). These options can be discussed in more detail following confirmation of a DVT with an ultrasound scan of the leg.

What are the possible side effects of treatment?

If you take your medication as recommended, it is unlikely that you will experience any problems. However, both DOAC and warfarin/LMWH increase the risk of bleeding. If you experience any of the following you should contact your GP immediately, or seek urgent medical advice:

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

General advice

Pain relief:

Paracetamol is safe to take with DOAC and warfarin/LMWH. Aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided if taking warfarin.

Other medication:

Your current medications have been reviewed by the doctor before starting any treatment. It is important that you always check any changes in prescribed doses or new medicines with your GP or pharmacist before starting. Herbal or alternative remedies may interact with your new medication, please discuss this with the pharmacist before taking.

Exercise and rest:

You may find that your physical activity is limited due to your symptoms. It is advisable to avoid standing or sitting for long periods, and to take short walks if you are able. When sitting ensure your legs are elevated on a stool, or rest on your bed/sofa to help reduce any swelling.

Compression:

Compression hosiery may help to prevent post thrombotic syndrome (ongoing problems with pain and swelling following a DVT). The anticoagulant clinic or your GP will be able to advise you about the use of compression stockings.

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 medication and it is recommended that you do not exceed one to two units of alcohol a day.

Travel:

Delay any flights or long journeys until at least two weeks after you start anticoagulant medicine.

You are able to continue to drive, if your symptoms allow, but ensure that you can perform an emergency stop. If you have further queries regarding travel, please contact your GP for further advice.

Is there anything else I should do?

- If any further tests have been organised for you it is important that you attend them
- If there is increased pain or swelling in the leg contact your GP for further advice

If you experience any of the following:

- Sudden onset of breathlessness that is unusual for you
- Coughing or spitting up blood
- Any episode of collapse or dizziness
- Fast heart rate, palpitations, or chest pain

Call 999 urgently and ask for an ambulance

If you have further concerns about your condition, please contact your GP. If you are not sure what to do, call 111 or get help from 111 online: https://111.nhs.uk/
When to use NHS 111 - NHS (www.nhs.uk)

Patient Advice and Liaison Service (PALS)

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

If you require this information in a different language or format, for example Braille, large print, Easy Read or audio, please ask the staff who are looking after you.

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