



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Preventing blood clots (VTE) when you have had a lower limb injury – Summary

Information for patients, relatives and carers

- ① For more information, please contact our switchboard and request the department or ward where you have been receiving treatment

The York Hospital
Wigginton Road, York, YO31 8HE
Tel: 01904 631313

The Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL
Tel: 01723 368111

Contents	Page
Why have I been given this information?	3
What is venous thromboembolism (VTE)?.....	3
Is VTE common in lower limb injury?.....	5
How will my risk of VTE be assessed and treated?	6
Bleeding risk factors	7
What else can I do to reduce my risk of VTE?	8
Anticoagulants.....	9
Useful contact numbers.....	10
References and further information	10
Tell us what you think of this leaflet	11
Teaching, training and research.....	11
Patient Advice and Liaison Service (PALS).....	11
Leaflets in alternative languages or formats	12

Why have I been given this information?

Injury to the lower limb is now recognised as an important cause of blood clots forming in the legs.

The following information has been written to explain the advice and treatment you will be offered to help prevent blood clots when you have had a lower limb injury.

It also tells you about the symptoms you might have if you develop a blood clot in one of your legs or lungs.

What is venous thromboembolism (VTE)?

VTE is the name given to a blood clot that forms in the deep veins that run through your body. The most common place for a blood clot to form is in the veins of your legs. This is called a deep vein thrombosis or DVT for short. A DVT usually causes pain and swelling of the affected leg.

If a blood clot becomes dislodged, passes through your circulation and reaches your lungs, this is called a pulmonary embolism or PE for short. A PE can cause chest pain, breathlessness and coughing (sometimes with blood stained phlegm), a fast heart rate or palpitations, fainting or collapse.

A DVT or PE requires urgent treatment. If you develop any of the symptoms of DVT or PE either in hospital or within a few weeks of attending hospital with your injury, you should get medical help immediately.

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, racing pulse or palpitations.

Attend the Emergency Department promptly or call 999 (112 if you are using a mobile phone) urgently and advise the operator that you have recently been less mobile due to a lower limb injury.

If you experience the following:

- New or unexpected swelling and pain in your leg(s), for example, if your plaster cast has become uncomfortably tight.

Contact your GP or attend the Emergency Department as soon as possible and advise the doctor that you have recently injured a lower limb.

Is VTE common in lower limb injury?

Any lower limb injury which reduces mobility increases the risk of VTE.

Approximately 10% of patients immobilised in a plaster cast will develop a DVT. Some patients will be at much greater risk than others because of personal risk factors not related to the injury.

Your injury has a higher risk of VTE if you have any of the following:

- An above or below knee cast or splint.
- You are unable to mobilise full weight bearing and are using crutches.
- A severe injury, e.g. dislocation, fracture, Achilles tendon rupture.

Your personal risk factors are also considered when assessing your risk of VTE. These factors will identify the information and treatment you should be offered.

How will my risk of VTE be assessed and treated?

If you have a lower limb injury you will be given this booklet to read. It would help if you can identify any of the personal risk factors below.

VTE risk factors:

- Personal history of VTE
- Hospital admission or surgery within six weeks and not on prophylaxis
- Active cancer or cancer treatment
- Pregnant or given birth within six weeks
- Known thrombophilia
- Age 60 years plus
- Obesity (BMI 30kg/m² or more)
- Significant comorbidity (e.g. CCF, COPD, IBD)
- First-degree relative with history of VTE
- Use of HRT, oestrogen contraceptive, tamoxifen
- Varicose veins with phlebitis
- Smoker
- Dehydration

Bleeding risk factors

You will also be asked about bleeding risk factors which it would also be useful for you to identify prior to being seen.

- Potential active bleeding (e.g. PU disease, GI bleed, liver disease)
- Acquired bleeding disorders
- Prescribed treatment dose anticoagulants known to increase the risk of bleeding (e.g. warfarin, heparin, LMWH, fondaparinux, dabigatran, rivaroxaban, apixaban)
- Thrombocytopenia (platelets below 75)
- Uncontrolled hypertension (over 230/120mmHg)
- Untreated inherited bleeding disorders
- Heparin allergy or previous HIT
- Eye surgery within last 24 hours
- Recent (within four hours) or planned (within 12 hours) lumbar puncture/epidural/spinal anaesthesia.

The healthcare professional will assess the severity of the injury, the affect it has on your mobility and your personal risk factors for VTE, to decide whether prophylactic treatment with anticoagulants (blood thinning medications) will be beneficial for you.

What else can I do to reduce my risk of VTE?

Here are some precautions that you can take to reduce your risk of VTE:

- If you have been given a removable splint, take it off occasionally (only if advised to do so) and gently move your knee, ankle and toes regularly. Doing before and after a meal is a good reminder.
- Keep a healthy weight
- Exercise joints that are not affected by your injury
- Drink plenty of fluid to keep hydrated
- Stop smoking if you smoke
- Talk to your doctor or nurse if you take a contraceptive pill or hormone replacement tablets (Your doctor may ask you to stop taking them in the weeks after your injury. Do not stop taking your contraceptive pill without having a discussion with your doctor or Family Planning Clinic).

Anticoagulants

Some patients will be offered an anticoagulant injection, which reduces the chance of your blood clotting and causing a DVT or PE.

The injection normally prescribed is called low molecular weight heparin (LMWH). This is injected once a day into the skin over your abdomen or into the top of your leg. You may experience a temporary stinging sensation when the injection is given. This is normal and you are advised not to rub the area around the injection site.

Most people can inject LMWH themselves after being shown how to do it. You will be given a sharps bin to dispose of the injection safely. The sharps bin can be returned to the clinic or pharmacy at the hospital when your treatment has finished.

Newer medicines are available that can be taken by mouth. These may be offered as an off licence alternative if LMWH injections are not possible.

It is advised that you remain on the treatment for six weeks. You can stop earlier if you are full weight bearing and returning to normal mobility before six weeks. In exceptional circumstances anticoagulation may be recommended for longer than six weeks.

Useful contact numbers

Plaster Room (York)

Tel: 01904 726523 Monday to Friday 9am - 5pm

Emergency Department (York)

Tel: 01904 726042

Plaster Room (Scarborough)

Tel: 01723 342042 Monday to Friday 9am - 5pm

Emergency Department (Scarborough)

Tel: 01723 342145

References and further information

The Department of Health: www.gov.uk/dh

NHS Website: www.nhs.uk

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Anisah Ahmad, Pharmacist

Pharmacy Department

The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725736.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. 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

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供，電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566

Email: access@york.nhs.uk

Owner	Dr. Steven Crane, Mr Jon Livesey
Date first issued	February 2021
Review Date	February 2024
Version	1 (issued February 2021)
Approved by	VTE Committee
Document Reference	PIL 1501 v1

© 2022 York and Scarborough Teaching Hospitals NHS Foundation Trust.
All Rights reserved.