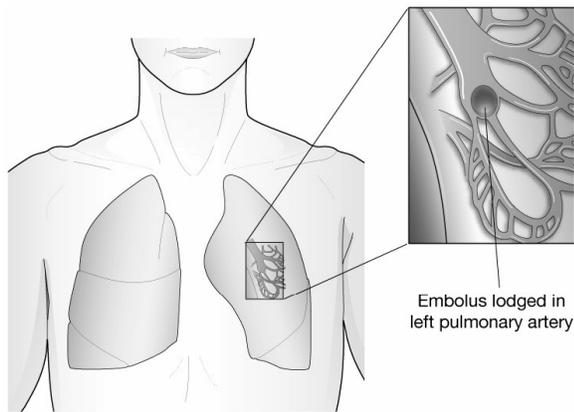


Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

A deep vein thrombosis (DVT) is a blood clot that forms inside the deep veins of the body, most often in the legs. DVTs alone are not life threatening. If the clot breaks free and moves to the lungs, it can stick in blood vessels there. This is called a pulmonary embolism (PE). A PE is dangerous and can be life-threatening.



Pulmonary embolus

Risk Factors

- Being in the hospital
- Older age
- Surgery
- Broken bone(s)
- Heart problems
- Being overweight
- Birth control pills
- Hormone replacement therapy
- Blood clotting problems
- Little activity
- Diabetes
- Smoking
- Cancer
- Infection

Prevention

If you are at risk for a DVT or PE, there are things you can do to try to prevent it.

Medicine (Shots)

Patients in the hospital who are at risk of getting a clot are given a blood thinning medicine. Often, the best medicine to prevent a clot while in the hospital is an injection (shot) that goes in your belly. You could get this medicine up to three times per day.

The most common shots we give are heparin or lovenox/enoxaparin. You need to take this medicine every time your nurse brings it to you. It works best when given as ordered by your doctor. It is normal for these shots to hurt or burn and to leave small bruises where they were given. This medicine is often stopped when your risk of blood clot goes down, such as when you leave the hospital or return to your normal activity level.

Medicine (Pill)

Some patients may need to stay on a blood thinning medicine after they go home. In this case, your doctor may prescribe a blood thinning pill that you take by mouth. There are many drugs that can be used to help thin your blood. You and your doctor will discuss which medicine is right for you. Your doctor will tell you what you need to know to keep safe while taking these drugs.

Leg Pumps/SCDs

These are sleeves that go over your legs or feet and fill up with air. They squeeze the leg to help increase blood flow and may decrease your chance of getting a blood clot. You should wear these at all times when you are in bed. If we use a ceiling lift to help get you up to the chair, we may also suggest that you wear them while you are sitting up.

Walking/Leg Exercises

If you are able, you may also be asked to go for walks. You may also be asked to do exercises that help improve the blood flow in your legs while in your bed or chair.

Compression Socks

These tight elastic stockings are often used for leg swelling or edema. Sometimes your doctor may want you to wear them to help increase blood flow in your legs. They may decrease your chance of getting a blood clot. If you wear these, you need to take them off each day to wash the skin below and to make sure you do not have any sores.

When you go home after surgery or being in the hospital you are still at risk for a blood clot. You need to know the signs and symptoms of DVT and PE. Getting out of bed to a chair and walking are ways you can help prevent a blood clot once you go home.

Symptoms of DVT

Call your doctor if you have any of these signs or symptoms.

- Pain in arm or leg
- Swelling or redness in arm or leg
- Warm spot in arm or leg

Symptoms of PE

If you are having chest pain or breathing problems, go to your local ER.

- Chest pain, shortness of breath
- Rapid heartbeat or breathing
- Low grade fever
- Cough, with or without blood

How DVT Is Diagnosed

The most common test to find out if you have a DVT is the Doppler scan or Doppler ultrasound.

How PE Is Diagnosed

The most common test to find out if you have a PE is a CT scan. You may also have a chest x-ray or magnetic resonance imaging (MRI).

Treatment

Most DVTs and PEs are treated with blood thinning medicines. These are the same medicines that can be used to **prevent** DVT and PE from forming. They are used in higher doses or for longer periods of time when used to **treat** a DVT or PE. Blood thinners will help prevent a clot from getting bigger and new clots from forming. Blood thinners can be given by mouth, by injection into the skin or into the vein (IV).

Compression socks are often used to help increase blood flow while the clot dissolves. This helps to decrease swelling as the clot shrinks. Some patients who have a very high risk for blood clots have a filter placed in a large blood vessel. This prevents a DVT in the leg from moving up to the lung. It would be placed by a surgeon in the operating room. Most filters should be removed a few weeks after placement.

At Home

Some patients have good results from blood thinners at home, even if they do not have a blood clot. These blood thinners are often used for about 2-4 weeks after going home. If you will be using a blood thinner that is injected into the skin, be sure you know how to give this medicine.

If you have a blood clot, follow instructions with care. If you need to have a blood test, be sure to know when to have it drawn and who will follow up on the result. Most patients who have a blood clot will need to be on a blood thinner for at least 3 months. Some patients may be told to stay on blood thinners longer.

When to Call

- Unusual bruising or bleeding
- Chest pain
- Shortness of breath
- Blood when you cough or vomit
- Black stools that look like tar
- New or increased pain or swelling in your leg or arm

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©3/2021 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7522