

Oxford Anticoagulation & Thrombosis Service
**Deep Vein Thrombosis (DVT)
and Pulmonary Embolism (PE)**

Information for people with a blood clot (thrombus)



What is this booklet is for?

This booklet has been given to you because you have a blood clot (*thrombus*). This booklet will explain your diagnosis and how the blood clot will be treated.

A nurse will go through this booklet with you. They will explain what it all means and answer any questions you may have.

Diagnosis of confirmed Deep Vein Thrombosis and Pulmonary Embolism

What is a Deep Vein Thrombosis?

The tests you have had show that you have a blood clot. This is blocking the blood flow in one or more of the veins in your leg. This is called a Deep Vein Thrombosis or DVT. This means you need treatment at the DVT Clinic.

What is a Pulmonary Embolism (PE)?

A Pulmonary Embolism (PE) develops when a blood clot breaks free from the DVT and travels to the lungs. In the lungs, the clot can block the blood supply to part of the lung, causing it to collapse and leading to heart failure. A Pulmonary Embolism can be life threatening and requires urgent medical attention. Treating your DVT helps prevent a PE from occurring.

If you have already been diagnosed with a PE you may be referred to us for on-going treatment.

Other clots

Sometimes a blood clot can happen in a vein in another part of your body; the treatment for this would be the same as for a DVT in your leg or a Pulmonary Embolism.

How will the blood clot be treated?

The clot can be treated with either rivaroxaban tablets, warfarin tablets or dalteparin injections.

These medicines are called 'anticoagulants' and they stop blood from clotting in the blood vessels of your body. They will also stop any present clots from getting any bigger, breaking up and moving to your lungs. The doctor at the clinic will discuss these treatment options with you and will let you know the best one to treat your blood clot.

You will usually need to have this treatment for three months. Your doctor will discuss the length of treatment with you and the nurse specialist will tell you how to take your medicines.

Rivaroxaban

Rivaroxaban is a tablet which is taken by mouth. The usual dose for the treatment of DVT and PE is one 15mg tablet twice a day for the first three weeks, followed by one 20mg tablet once a day until the end of your treatment. You won't need to have daily injections or blood test monitoring when you are taking this treatment.

If you are treated with rivaroxaban you need to come to the DVT clinic on day 1 and usually day 2 of your treatment, if we have further tests to carry out. An appointment will then be made for you 16-18 days later, when we will give you the 20mg tablets.

Warfarin

At the beginning of warfarin treatment you will also need to have daily injections of dalteparin. You will need to come to the clinic for 5-7 days for the treatment. Dalteparin works quickly and is given until the warfarin has taken effect; this will take a few days. During this time you will need to have daily blood tests to check how long your blood takes to clot. This is called International Normalised Ratio or INR. When you have a blood clot your INR will normally start at 1.0; we are aiming to get that

figure to between 2.0 and 3.0. The injections of dalteparin will need to continue until your INR reaches the required level. After this you will have regular blood tests at your GP surgery.

More information about your INR can be found in the booklet 'Important information for patients on oral anticoagulation'. You will be given this booklet at the DVT clinic.

Dalteparin

In some cases you may just be prescribed dalteparin injections. The dose of dalteparin you will be given will depend on your weight. The DVT nurse will teach you how to give yourself the injections.

When will I see the doctor?

In the first few days after your diagnosis you will be seen by one of the clinic's doctors for a full examination.

You should give the DVT nurse or doctor a list of any medications you are currently taking, including non-prescribed or off the shelf medicines.

Are there any serious side effects of taking anticoagulants?

Like all medicines, anticoagulants have side effects. The most serious side effect of anticoagulants is bleeding.

You should contact your GP urgently or go to your nearest Emergency Department if you experience any of the following:

- nose bleeds that last for more than 10 minutes
- blood in your vomit or sputum
- passing blood when you go to the toilet – either in your urine or faeces
- passing black coloured faeces
- severe or spontaneous bruising (bruises that appear when you haven't injured yourself)
- unusual headaches.

If you are experiencing less severe nosebleeds which stop easily after one or two minutes, please discuss this with your GP or the nurse at the anticoagulant service. Please see the end of this leaflet for contact details.

If you are a woman, you should also look out for any abnormally heavy menstrual bleeding. Contact your GP if you are concerned.

What happens to the clot?

The clot that has formed in your leg will be broken down by your body's own mechanisms. It will take time, normally weeks or months, although you should start to have less pain, swelling and discomfort once your medication has started to work.

For more information on how to prevent further blood clots visit www.nice.org.uk.

Frequently asked questions

When can I fly?

There are no clear guidelines, but we usually suggest you should not fly within two weeks of starting your treatment.

If you are on warfarin we would also like to see that your INR is stable before you plan to fly. You should discuss this with your GP or the anticoagulation service.

When can I exercise?

You can walk or drive as long as your leg is not too painful, but we suggest avoiding vigorous exercise for two to four weeks from when you were diagnosed.

How to contact us

The Anticoagulation & Thrombosis Service is based at the Churchill Hospital and the Horton Hospital. It is run by specialist nurses and the haematology consultant.

The DVT Clinic contact number is: 01865 225 629

The Anticoagulation contact number is: 01865 857 555 or
01865 857 557

For further information please visit our websites:
www.oxfordthrombosis.com and
www.ouh.nhs.uk/patientinformation

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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