

With pharmacological VTE prevention:

Please adhere to the information given on the patient information leaflet provided with your take home medication.

If you encounter a problem using any VTE treatment at home please seek advice from a member of the ward team.

When should I seek medical help after discharge home?

Leg swelling, redness, and pain may be indicators of blood clot and should not be ignored. Although not necessarily a result of DVT, if you have these symptoms you should visit your GP. If you have breathing problems or chest pain you should seek urgent medical attention.

During your time in hospital, it is important to us that you are happy with your care and treatment. Please speak to a member of staff and/or the ward nurse in charge if you have any questions or concerns.

Infection control request

Preventing infections is a crucial part of our patient's care. To ensure that our standards remain high, our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

Contact information if you are worried about your condition after you have left hospital

If you encounter a problem using VTE treatment, please seek advice from our nursing team.



MANCHESTER
PRIVATE HOSPITAL

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VENOUS THROMBOEMBOLISM PATIENT INFORMATION

Find out more about Manchester Private Hospital

www.manchesterprivatehospital.uk
info@manchesterprivatehospital.co.uk
0161 507 8822

manchesterprivatehospital.uk

Introduction

This leaflet contains information on the risk of a DVT occurring whilst having treatment in hospital and has been provided so that you, (and your family and carers) have an opportunity to reach informed decisions about your care.

An estimated 25,000 people die in the UK from preventable hospital-acquired venous thromboembolism (VTE) every year. VTE is a condition in which the blood clot (a thrombus) forms in a vein. It commonly occurs in the deep veins of the legs; this is called a deep vein thrombosis (DVT). The thrombus can come free and travel to the lung as a potentially fatal pulmonary embolism.

Preventing venous thromboembolism in hospital

Just being unwell in hospital can lead to an increased risk of developing DVT. So, if you're going into hospital you will usually have an assessment to check your risk of developing DVT. You may be asked questions to check for known risk factors. Depending on the outcome of the assessment, you might be offered treatment to keep your risk of developing a DVT whilst in hospital as low as possible.

You may be given anticoagulant medicines, or be asked to wear compression stockings. You may also be given a mechanical pump to use on your feet and legs in the first few days after your operation or whilst experiencing a period of immobility. This is called an intermittent compression device. The pump automatically squeezes your feet and lower legs to help your blood circulate.

Is there anything I can do?

There are a number of risk factors associated with DVT:

IMMOBILITY – this causes stasis of blood which leads to clot formation.

To reduce this risk:

Sit out in a chair and mobilise as early as possible or when you are allowed to, regularly take deep breaths and where possible move your feet and ankles to improve the leg circulation.

Do not cross your legs in bed.

DEHYDRATION - causes blood vessels to narrow and blood to clot more readily.

To reduce this risk:

Drink plenty of fluids to keep well hydrated (unless advised not to take oral fluids by medical staff or the clinical team).

SMOKING - smoking damages all blood vessels. To reduce this risk:

Try to stop smoking. Help is available within the hospital. Ask your nurse to refer you to the Smoking Cessation Service.

OBESITY - being overweight reduces the flow of blood through vessels. To reduce the risk:

Try to lose weight.

Anyone being admitted to hospital is advised to ask the following questions:

What is the risk of DVT during my stay, with and without appropriate prevention?

Will I be given anti-embolic stockings?

Should I receive blood thinners after surgery?

If I develop a DVT how will I be treated?

Please ask your doctor or nurse if you have any other questions/concerns.

Will I need treatment to prevent vte after discharge?

Sometimes the medical staff will recommend that VTE preventative treatment be continued after discharge from hospital. It is important that you adhere to any guidance given, whether oral or written, on the particular type of treatment prescribed.

With anti-embolism stockings:

Only use the stocking that were provided for you and that you were measured for and fitted with.

Ensure you know how to put the anti-embolic stockings on correctly to ensure a reduction in the risk of developing VTE. (A trained member of the clinical staff will be happy to go through this process again with you)

Wear the stockings day and night until your mobility is not significantly reduced.

Remove the stockings as a minimum daily for hygiene purposes and to inspect skin condition. If you have significant reduction in mobility, poor skin integrity, or sensory loss, the skin should be inspected two or three times per day, particularly over heels and bony prominences.

Discontinue use of stocking if there is marking, blistering or discolouration of the skin, particularly over heels and bony prominences, or if the patient has pain or discomfort.