

Preventing hospital-acquired blood clots

This leaflet explains more about blood clots, which can form after illness and surgery.

What are hospital-acquired blood clots?

A patient can get a hospital-acquired blood clot while they are in hospital, and up to 90 days after leaving hospital. A blood clot is when the blood turns from liquid to a solid blockage of a blood vessel. There are two kinds:

1. Deep vein thrombosis (DVT) – This is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause no symptoms at all, or cause swelling, redness and pain.

2. Pulmonary embolism (PE) – If a clot becomes dislodged and passes through your blood vessels it can reach your lungs. This is called a PE. Symptoms include coughing (with blood-stained phlegm), chest pain and breathlessness.

Health professionals use the term venous thromboembolism (VTE), to cover both DVT and PE.

If you develop any unexplained chest symptoms such as breathlessness, a cough or chest pain or leg symptoms such as pain, swelling, redness or tenderness either in hospital or up to 90 days after you go home, please get medical advice immediately.

Are blood clots common?

About one in 1,000 people every year get a blood clot. You may have heard about people who have been on a long flight getting DVT, but you are much more likely to get a blood clot after going into hospital. In fact, about two-thirds of all blood clots occur during or after a stay in hospital. Hospital doctors, nurses and pharmacists should assess each patient's risk of getting a blood clot. If you are at risk, your doctor or nurse will talk with you about what we offer you to protect against clots.

Who is at risk?

Any unwell adult admitted to hospital is at risk – that is most adults. Other factors that put people at greater risk include:

- a previous clot
- a recent diagnosis of cancer
- having 'sticky blood'
- being overweight
- being immobile
- use of hormone replacement therapy (HRT) or contraceptives that contain oestrogen
- having an operation
- significant injury or trauma
- pregnancy (during and after).

How can the healthcare team reduce my risk of a blood clot?

During your stay you might be asked to use the following:

Stockings – You might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs to a health professional. Your stockings will be removed for a short time every day so that you can have a wash and check for any skin problems.

Inflatable sleeves – The clinical team may ask you to wear calf or foot pumps (also called special inflatable sleeves) around your legs or feet while you are in bed or sitting still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

Blood thinners – Most patients at risk will be prescribed a small dose of an anticoagulant (blood-thinning) medicine in the form of a tablet or injection. These medicines reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The anticoagulant most often used is a type of heparin, which is given by injection. Blood-thinning tablets may be given to you if you are having orthopaedic surgery.

To be effective, these methods of prevention must be used correctly. If you have any questions or concerns, please ask your doctor or nurse.

What can I do to help myself?

If possible, before coming into hospital:

- Talk to your doctor if you are taking contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation and give advice on the temporary use of other methods if your usual contraceptive is stopped.
- Keep a healthy weight.
- Do regular exercise.

When in hospital:

- Keep moving or walking and get out of bed as soon as you can after an operation. Ask your nurse or physiotherapist for more information.
- Ask your doctor or nurse: “What is being done to reduce my risk of clots?”
- Drink plenty of fluid to keep hydrated.

What happens when I go home?

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will tell you how to put them on and what you should check your skin for. If you need to continue anticoagulation injections at home, your nursing team will teach you how to do this. If you have any concerns make sure you speak to a nurse before you leave.

If you develop any sign or symptoms of a clot at home, then seek medical advice immediately, either from your GP or your nearest hospital’s A&E department.

Investigating hospital-acquired blood clots

If you develop a blood clot as a result of a recent hospital admission within 90 days of discharge from Guy’s and St Thomas’, we will carry out an investigation to help identify why this happened, and whether you received the most appropriate method of prevention during your stay. It may be several weeks before the outcome is known and you may ask for the result at your next consultation.

Useful sources of information

Please ask your doctor or nurse for more information.

Thrombosis UK – Charity promoting awareness, research and care of thrombosis.
t: 0300 772 9603 w: www.thrombosis-charity.org.uk

Contact us

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Leaflet number: 2996/VER3

Date published: September 2015

Review date: September 2018

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