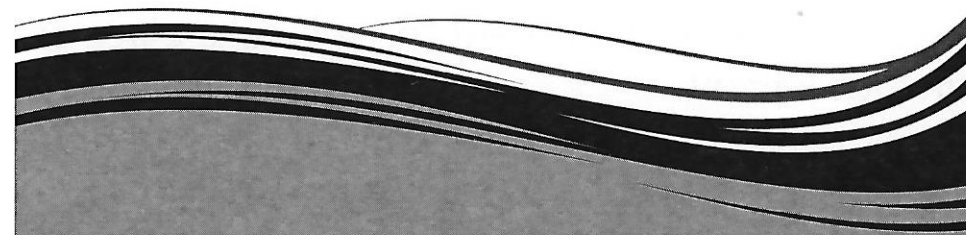


Important information if you have a suspected DVT (Blood Clot)

Contact Numbers

RAH Ambulatory DVT Service – 0141 532 7272

IRH Ambulatory DVT Service – 01475 525325



This leaflet gives you important information if you have a suspected DVT (blood clot).

What has happened?

You attended this hospital with a swollen or painful leg and you need investigations to find out if you have a DVT. (This is blood clot within a blood vessel of your leg)

You will need a number of investigations to find out if you have a DVT.

Today you will have had:

- A general examination
- Routine blood tests
- A risk assessment to identify your risk of a DVT

You may also have had a 'blood thinning' injection before you went home.

The Doctor or Medical Nurse Practitioner who assessed you, does not think you need to be admitted to hospital. If you need any further investigations or treatment this will take place as an Out-Patient.

If you have any concerns about your treatment or ongoing investigations or any other questions please speak to a member of staff.

Useful Contact Details

Emergency Department	
DVT Nurse Specialist	
Medical Assessment Unit	

Why have I been given a blood thinning injection (Dalteparin)?

We usually give patients a blood thinning injection called Dalteparin. This is to prevent and treat unwanted clots in the vein.

Some patients do not need this injection as they are already taking blood thinning drugs such as warfarin.

What is a D-dimer Blood Test?

This is a blood test which can help to find out if you have a blood clot.

A negative result will often indicate that you do not have a clot.

A positive result means that you may have a clot and will need further investigations.

What is an ultrasound scan (Doppler scan)?

This is a scan which looks at the flow of blood going through the veins in your leg.

The scan involves gel and a smooth probe being moved up and down your leg from upper thigh to behind your knee and sometimes also the calf. The purpose of the scan is to see if a clot is present.

What will happen now?

You may need an ultrasound scan (Doppler scan) of your leg to see if there is a DVT.

The Medical Nurse Practitioner or DVT nurse will tell you when to return to hospital for further tests, review or blood thinning injections. If you have not already been given this information, they will contact you by 10.00am tomorrow.

If the DVT Service does not contact you, please phone them and tell them that you are waiting for follow up investigations.

You can contact the DVT Service on:

or you can phone the hospital switch board on:

_____ and ask them to page _____.

What do I need to know?

Investigations are still ongoing. Your leg may still be swollen and, or painful.

What if my symptoms get worse?

It is important you return to or contact the Accident and Emergency Department or Medical Assessment Unit if you have any of the following:

- Your leg becomes more swollen
- You experience shortness of breath
- You have sudden chest and or back pain
- You cough up blood stained spit
- You experience your heart racing (palpitations)
- You collapse

You may also have had a blood thinning injection which can rarely have side effects.

It is important that you tell the doctor, Medical Nurse Practitioner or DVT nurse if you develop the following:

- Unusual bruising
- Bleeding that does not stop itself
- Nose bleeds
- If you pass blood or have a black bowel motion
- There is fresh blood in your urine.
- You vomit fresh blood or it has a brown coffee granule like appearance.

Some Common Questions and Answers

What is a DVT?

A Deep Vein Thrombosis (DVT) is a blood clot within a deep vein of the body, usually the leg. This clot can block the flow of blood and cause swelling, pain redness and increased heat. The symptoms can vary from person to person.

What causes a DVT?

A DVT is more likely in people who are immobile – for example after illness, after an operation or hospital stay, a long journey by aeroplane, train, bus or car.

It can also be a complication of certain medical conditions or caused by certain medication for example the contraceptive pill or hormone treatments.

A family history of blood clots may increase your risk of a clot.

Why do you need to treat it?

The main reason is to prevent the clot or part of the clot from breaking off and travelling to the lungs causing pulmonary embolism. This can be life threatening.