

Side effects related to taking anticoagulants

When a diagnosis is confirmed you will be referred to the Anticoagulation service and receive a telephone consultation appointment within 2 to 3 weeks.

Like any medicine, anticoagulants may cause side effects, which will vary from person to person. Anticoagulant medication can increase the risk of bleeding and bruising.

Seek urgent medical advice or attend the Emergency department if you experience any of the following:

- Unexplained breathlessness
- Chest pain
- Head injury
- Pink or brown urine
- Red or black, tarry stools
- Coughing up blood
- Vomiting blood, or vomit that looks like coffee grounds
- Excessive bruising or bleeding that does not stop on its own

It is important to remember anticoagulants only continue to work if you are taking them as prescribed

If you have any further questions regarding your anticoagulation medication, please contact the Anticoagulation team on
Telephone: 01279 973656/ 827031
Office hours: 8:30am -17:30pm, Mon-Fri.

There is an answerphone available outside of these hours. Please only leave non-urgent messages and a member of the team will contact you.

If you have any clinical questions regarding your DVT please contact your GP or hospital doctor.

If you would like to give feedback on your care, please contact our patient experience team on paht.pals@nhs.net or 01279 827211.

Please download the free app for further information and support:

“LET’S TALK CLOTS” Free App



Patient Information

Deep Vein Thrombosis (DVT)

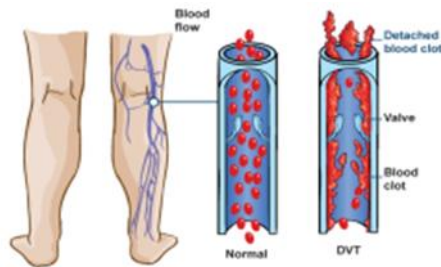
The Anticoagulation Team

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Deep Vein Thrombosis

(DVT)

A DVT is a blood clot that has formed in the deep veins (these veins go through the muscle and cannot be seen beneath the skin), usually in the leg or pelvis. A DVT can occur elsewhere in the body e.g. in the calf, behind the knee, in the thigh or arm. Part of the clot may break off (an embolus) and travel up the leg and lodge in your lung(s) causing a pulmonary embolus (PE), which can be serious and life-threatening.



What causes a DVT?

There may be no clear reason why a DVT has developed. However, there are associated risk factors which include:

- Pregnancy
- Obesity
- Inherited blood disorders
- Immobility
- Aged over 60 years
- Hormone therapy e.g. the pill
- Cancer
- Surgical procedures
- Smoking

Signs and symptoms of DVT

- pain or tenderness in the leg (or arm)
- swelling usually in one leg (or arm)
- leg (or arm) is warm to touch
- Redness and inflammation.

It is important to note around 80% of DVT's have pain as the only presenting symptom. Deep Vein Thrombosis can also occur without symptoms.

If you experience these signs or symptoms, you should seek **urgent** medical attention

How is a DVT diagnosed?

If a DVT is suspected urgent assessment is recommended to confirm if a DVT is present. The two most common investigations used alongside clinical assessment are a specialist blood test and a Doppler ultrasound scan.

How is a DVT treated?

Treatment for a DVT is anticoagulation medication. This may be in oral tablet form or low molecule weight heparin (LMWH) injections. The choice of anticoagulant medication will be based on various factors e.g. kidney function, body weight, other medications that you are taking. Anticoagulation medication slows down the blood clotting process in the body.

If the ultrasound doppler cannot be performed within 4 hours, anticoagulation treatment will be commenced for your safety whilst awaiting the scan.

If you are prescribed an injection, then you, a relative, or a carer will be shown how to administer them; and will be provided with a sharps bin to dispose of the injection safely.



Please be aware that some anticoagulant injections are derived from **animal (Pork) origin**. Please discuss this with your doctor or nurse if this is a concern to you.

How long is treatment for a DVT?

The initial treatment time for a DVT is 3 to 6 months. This is dependent on the severity of the blood clot and where it is located.

Tell your healthcare provider that you are taking an anticoagulant medication before any surgery or invasive procedure (including dental procedures).

Your DVT may be referred to as “provoked” if there is a known cause eg recent surgery or “unprovoked” if no clear cause is identified.