

Deep Vein Thrombosis (“DVT”) Patient Information Leaflet

Please read this carefully.

GP Care will contact you between 8am and 6pm Monday to Friday (except bank holidays) to offer you an appointment.

We recommend you contact GP Care if we have been unable to reach you within 4 hours of being referred by your GP (within working hours) or by 11am the next working day.

This leaflet explains what a Deep Vein Thrombosis (DVT) is and tells you how you will be cared for on the GP Care Community DVT pathway. This is a free service to NHS Patients and usually avoids you having to attend hospital.

What is a DVT?

A DVT is a blood clot (thrombosis) in the deep veins in the leg. It can sometimes lead to complications if the blood clot spreads to another part of the body, particularly the lungs. If a DVT is diagnosed quickly, usually patients can be treated safely at a local GP practice and avoid attending hospital.

How is it caused?

A DVT can be caused by a number of factors including:

- Long periods of inactivity during the day;
- Long journeys;
- Recent operations or stay in hospital;
- Injury to the leg;
- Pregnancy.

Previous personal or family history is also a risk.

How do I know if I have a DVT?

Patients with a DVT may have a painful and / or swollen leg. Your doctor will assess the risk of you having a DVT by clinical examination, asking you some questions and they may also do a simple blood test called a D-dimer.

If the doctor feels you may have a DVT you may receive an injection of Clexane or an anticoagulant tablet. You will then be sent to a local clinic for an Ultrasound scan.

What can I expect at the Ultrasound appointment?

An Ultrasound scan uses sound waves to assess the flow of blood in your veins and identify any clots. You will be seen by a qualified Ultrasonographer who will scan the full length of your leg with a hand-held ultrasound device. The examination usually takes about 15 minutes and may cause some discomfort as they press on your veins.

My scan shows I do not have a DVT. What happens next?

A report with the findings from the scan will be sent to your doctor. You may need to make an appointment with your doctor for further advice.

My scan shows a DVT. What treatment is needed?

If the scan shows a DVT, you will begin treatment immediately with drugs called anticoagulants that make the blood clot more slowly. These include:

Warfarin – These are tablets which need to be taken alongside daily Clexane injections until the warfarin has taken full effect. This usually takes about 7-10 days. Whilst taking warfarin, people

need to be carefully monitored. This is done by a blood test (“INR”) which measures the speed of blood clotting.

Direct Oral Anti Coagulants (DOACs) – These are tablets which work in a different way to warfarin, so people who take them do not need to have regular blood tests. You will be offered either Apixaban or Rivaroxaban. However they are not suitable for all patients.

Low molecular weight heparin (LMWH) – These are injections used to treat pregnant women and people with cancer.

What will happen at the DVT Treatment Centre?

If you are prescribed warfarin, you will also have daily Clexane injections for at least 5 days and until the INR level is stable. Your own GP will continue to monitor the warfarin dose and GP Care will see you again after 3 months of treatment.

If you are prescribed a DOAC, you will be seen again by GP Care after 1 week and after 3 months at a treatment centre of your choice. You will be then discharged from GP Care and continue to be looked after by your own GP.

If you need LMWH you will be taught how to inject yourself. You will be supported until you are confident with this. GP Care will see you after 1 week then again after 3 months of treatment.

How long will I need to stay on anticoagulation?

This depends on a number of things but is around 3-6 months for most people. We will advise on this.

If I'm on warfarin, do regular INR tests matter?

These are vital to ensure you are taking the correct dose.

Will I feel ill taking either medication?

No, you should not feel unwell. If you do, please consult your doctor for advice.

What can I do to prevent it recurring?

- Stay as mobile as possible. If walking is difficult, exercise your legs and feet by flexing your knees and ankles, and rotating your feet.
- Drink plenty of fluids and eat a healthy diet and maintain a healthy weight;
- Don't smoke;
- Consider compression socks when travelling.

Why have I been referred to GP Care?

GP Care provides this community based service for the NHS, which has been put in place to enable you to be treated safely in a more convenient setting closer to where you live and to enable you to carry on with your everyday life. However you may still need to attend hospital if you have other medical problems which make community treatment more difficult. Your GP will advise you if this is necessary.

Who is GP Care?

GP Care is a Social Enterprise company. We work alongside the NHS to provide clinical services to patients in the Bristol, South Gloucestershire and North Somerset area.

Feedback

Your opinions on the service are welcome. You will be asked to complete a questionnaire once the treatment is complete. We believe in setting very high standards and value your comments. You can also feed back on the NHS website <https://www.nhs.uk/>