

DURING YOUR HOSPITAL STAY/ AFTER YOUR SURGERY

- If you have been advised to wear 'surgical stockings' you should wear these before and after your operation and continue to wear them until you return to your usual level of activity. It is important that you wear the stockings correctly and put them back on after bathing to help reduce the risk of blood clot formation.

If you are prescribed heparin injection it is very important to have the injection once a day, usually starting the evening before surgery and continuing until the doctor advises you to stop.

- After your operation it is important not to become dehydrated, staff will encourage you to drink plenty of fluids or give you fluid intravenously if you are unable to drink.
- Get up and about (or do leg exercises) after your operation as soon as staff advise you it's safe to do so.
- Avoid continuous travel of more than three hours for four weeks after surgery.

EXTENDED THROMBOPROPHYLAXIS

If you have been identified by hospital staff as a higher risk of developing VTE you may be advised to continue with the thromboprophylaxis for a number of days or weeks after discharge, failure to do so will increase risks of developing VTE which can result in hospitalisation and treatment with anticoagulant medication such as Warfarin.

If you are advised to continue with thromboprophylaxis you will be given a supply of injections and or surgical stockings from the hospital to use at home, hospital staff will also give you extra information on these treatments and show you how to manage them.

WHAT IF I FORGET ALL THIS BEFORE I GET INTO HOSPITAL?

Don't worry. Once you are in hospital staff will remind you how to reduce your risk and give you any training necessary on how to apply stockings or use heparin.

You may wish to request written information on what signs and symptoms of blood clot formation to look out for when you are discharged home.

WHY HAVE I NEVER HEARD OF THIS BEFORE?

At Stockport NHS Foundation Trust we have had an organised approach to thromboprophylaxis for many years, and used heparin injections and surgical stockings to reduce the risks, but perhaps haven't explained all this to patients.

This is part of a new national initiative, designed to raise both public and professional awareness of the risks of thromboembolic disease and the benefits of prophylaxis. At Stepping Hill this means providing more patient information on thromboprophylaxis.



Supporting our Smokefree Trust

In order to look after the health of our staff, patients and visitors, we ask you politely not to smoke while you are on the hospital grounds.

National Smokefree Helpline: **0300 123 1044**

If you require the leaflet in large print, another language, an audio tape or braille, Please contact:

Patient and Customer Services

Tel: 0161 419 5678 **Email:** PCS@stockport.nhs.uk

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VENOUS THROMBOEMBOLISM (VTE) INFORMATION FOR PATIENTS UNDERGOING SURGERY

MEDICAL ASSESSMENT UNIT

Patient Information Leaflet

WHAT IS VENOUS THROMBOEMBOLISM (VTE)?

Venous Thromboembolism (VTE) is the formation of 'blood clots' usually in the veins of the legs (Deep Vein Thrombosis or DVT). These can be very painful, resulting in heavily swollen calves.

Sometimes bits of the clot break up and lodge in the lungs (Pulmonary Embolism or PE) causing pain and difficulties with breathing.

WHY DOES IT HAPPEN?

Blood clots form usually as a result of local change in the blood.

- Slowing of blood flow e.g. with bed rest or immobility
- Damage to the walls of the blood vessels
- Changes in blood make up e.g. this happen after operations, childbirth and with some cancers.

WHAT IS THE RISK OF IT HAPPENING TO ME?

There are many different factors which affect the risk of developing a blood clot. Blood clots in the legs or lungs occur spontaneously in one to six of every 1000 of the population, but rates increase after surgery. Risk factors include the type of surgery and your own state of health.

PATIENTS OWN RISK FACTORS:

These depend on you and your medical history. A list of the most common factors is given below. The nurse or doctor will ask you about these, don't worry if you do not understand some of the medical terms, they will explain them to you.

RISK FACTORS:

- Age more than 60yrs
- Crohn's disease, ulcerative colitis
- Use of hormone replacement therapy or the oral contraceptive pill
- Personal or family history of VTE
- Obesity
- Immobility or paralysis
- Varicose veins with phlebitis
- Recent heart attack or stroke
- Active heart or respiratory failure
- Active cancer or cancer treatment
- Acute medical illness
- Severe infection
- Pregnancy or puerperium
- Some forms of renal failure, and blood or bleeding disorders

IS THERE ANYTHING THE HOSPITAL CAN DO TO REDUCE THE RISK?

Staff will assess your risk by completing a form about you and your medical history. They will need your help to do this.

If you have **any one** of the risk factors above they will advise you on some preventative measures (thromboprophylaxis) they would like you to use such as surgical stockings or heparin injections or both.

IMPORTANT NOTES ON THROMBOPROPHYLAXIS

- Heparin type injections have been proven to reduce the incidence of fatal blood clot formation in the lungs.
- The use of surgical stockings and heparin has been shown to reduce the risk of blood clot formation in high risk patients by about 60-65%.
- If you have been given surgical stockings it is important to wear them whilst in hospital and until you return to your normal mobility at home.
- For some orthopaedic operations it may be necessary for you to continue with heparin injections at home, nursing staff will give you training on how to do this.

ANAESTHESIA

Medical staff will discuss with you which type of anaesthetic is most suited to you and your operation.

IS THERE ANYTHING I CAN DO TO REDUCE THE CHANCE OF IT HAPPENING TO ME?

Yes, there are steps you can take both before and after your operation to reduce the risks.

BEFORE YOUR OPERATION

- If you are very over weight (obese) try losing weight.
- If you are taking oral contraception, or hormone replacement therapy you should consider stopping these four weeks before your planned surgery.
- Avoid continuous travel of more than three hours for four weeks before surgery.