

## Patient information

Cancer Associated Thrombosis CAT

Haematology Liverpool

### **What is a deep vein thrombosis (DVT)?**

A DVT is formed in one of your deep blood vessels, most commonly in your leg or pelvis but can happen in any of your deep veins. A DVT commonly presents with swelling, redness or pain however can often have no symptoms at all.

### **What is pulmonary embolism (PE)?**

If a DVT becomes undetected part of the clot can break off and travel to the lungs this will block blood flow. Symptoms of this can be coughing, chest pain, and sudden onset of shortness of breath. Left untreated can be life threatening.

### **How are a DVT and PE Diagnosed?**

Health professionals will use the term Venous Thromboembolism (VTE) to cover both DVT and PE.

VTE's are often picked up on staging scans you have as part of your cancer journey. These will be referred to as incidental findings and you often have no symptoms of these, or they can be confused for symptoms linked to your Cancer Treatment.

However, If you do have symptoms of a VTE you will be seen in the Emergency Department where you require specific blood tests and a scan will be selected by the health professional treating you depending on your symptoms. This can be an ultrasound scan, VQ scan or CT scan.

### **What Increases your risk of developing a cancer associated clot (CAT)?**

While people with cancer are at some risk of developing a CAT there are some patients that are at a higher risk than others. This will depend on:

#### **Location of cancer**

Haematological, Pancreatic, Neurological, Gastric and Renal Cancers are the most high-risk tumour groups however VTEs can still occur outside of these groups.

#### **Stage of cancer**

Cancer that is of an advanced stage can increase your risk of developing a blood clot even if your cancer is considered stable.

## **Cancer treatment**

Chemotherapy, Radiotherapy, Immunotherapy and Surgery are used to treat your Cancer however they come with a VTE risk. Some chemotherapy drugs may increase your risk even further and this will be discussed with you when consenting for your treatment.

## **Hospital stay/ immobility**

Being confined to bed for long periods of time or periods of inactivity will result in stagnant blood flow.

## **History of clots**

It is important to mention if you have any personal or family history of VTE to your health care professional. If you have had a previous VTE you are three times more likely to develop a Blood Clot during your cancer Journey.

## **Infection**

The Treatment you receive for your cancer can Lower your white cell count, these cells are what help our body's fight infection. Infection can cause dehydration and immobility which will also increase your risk factors to develop a blood clot.

## **How is your CAT treated?**

Once you have had a positive scan result of a confirmed blood clot you will be prescribed anticoagulation therapy. This comes in two forms oral tablets and subcutaneous injections. Your choice of anticoagulation therapy will be decided after your health professional carries out full holistic assessment.

If you are provided with anticoagulation injections you will be shown by your health professional how to administer these and in some cases where this is not possible a district nurse will be organised for you. Your dosage of injection will be initially based on your weight and we will monitor this through regular blood testing organised by your health professional this will be explained in depth during your clinic appointment.

If you have been prescribed oral anticoagulation tablets full education will be given and you will also require regular blood testing to monitor your renal function.

Both anticoagulation therapies require a minimum of three- six months treatment time. At the end of this period your health professional will evaluate your plan of care and decide on the most appropriate plan going forward. You may be able to stop your anticoagulation altogether or you may be asked to continue anticoagulation to protect you from further blood clots if you are deemed to be at an increased risk.

This will all be discussed at your end of treatment appointment.

## **What are the common side effects to Anticoagulation?**

All medication to thin your blood will increase your risk of bruising or bleeding.

You may notice bruising or bleeding around your injection sites and any prominent areas you may have banged. If you cut yourself, you will bleed more than you normally would, and we would ask you to apply pressure until bleeding stops. We call this **explained** bruising and bleeding and are normal. If you notice any bruising or bleeding that is **unexplained** please contact your health professional with the contact details provided on the back page or this leaflet.

Whilst taking anticoagulation we ask you to avoid NSAID painkillers such as ibuprofen and also to avoid Aspirin. If you need a pain killer paracetamol is safe.

Some patients although rare can develop an allergic reaction to blood thinning injections this can present as swelling and an itchy rash please inform your health professional if this happens.

Very rarely whilst taking blood thinning injections your platelet count can drop and you may be investigated for HIT- Heparin induced Thrombocytopenia. Please always bear in mind while receiving chemotherapy your platelets can drop and it will not always be linked to your blood thinning injections.

### **How will I be supported during my anticoagulation journey?**

The thrombosis team have a dedicated team of specialist nurses who are happy to offer advice and support between the hours of 9am-5pm Monday to Friday.

You will initially be seen face to face when you are first diagnosed with a DVT or PE and following this we try to do all appointments via telephone clinics unless you need to be seen face to face. You will be given a set date and time in advance to attend your telephone clinic and usually have a 15-minute slot. We ask you to have any questions or queries prepared prior to your clinic slot.

Your blood tests to monitor your anticoagulation can be taken when you attend for your bloods for your cancer treatment if this is convenient for you. You will be provided with an alert information card by your thrombosis specialist nurse to provide clear instructions to the correct blood sampling in relation to your anticoagulation. This will be explained during your clinic appointment.

It is crucial that between staff and patients we have an agreement to ensure required blood tests are done prior to each appointment. Blood forms will always be given to you with plenty of notice and ask you to have these done at Royal Liverpool hospital, Aintree university Hospital or Clatterbridge Cancer Centre Liverpool.

Failure to have Blood testing done or attend clinic Appointment three consecutive times will result in discharge from the clinic.

### **What to do out of these hours?**

If you have emergency issues outside of our operating hours please contact 111 and they will direct you to the most appropriate service.

## Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your Co-operation is greatly appreciated.

## Further information

**For further information please contact**

**Haematology Liverpool Patient Line**  
**Tel: 0151 706 3397**  
**Text phone number: 18001 0151 706 3397**

**Out of office hours contact NHS 111**

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