

Patient information

Preventing Blood Clots Immobilisation Following Trauma Requiring Preventative Treatment

Emergency Care – Royal Liverpool Hospital

You have been given this leaflet as you have suffered an injury requiring immobilisation of a lower limb with a plaster cast, boot or similar device. The leaflet explains the risk of blood clots associated with immobilisation, what to look out for, and ways of reducing your risk.

What is a Deep Vein Thrombosis/Pulmonary Embolism

Venous thromboembolism is a term used to describe both Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE).

A deep vein thrombosis (DVT) is a blood clot that forms in the deep veins that run through the muscles of the leg. A DVT can partially or completely block blood flow in the vein, and can cause pain, tenderness and swelling of the leg. The leg can also become warm and red.

There are occasions where there are no symptoms of a DVT, but it is diagnosed following complications such as a pulmonary embolism.

A Pulmonary Embolism (PE) is where some of the clot from a DVT breaks off and travels to the narrower blood vessels of the lung. The blood clot becomes stuck, blocking blood flow to a part of the lung. Symptoms of a PE include chest pain and breathlessness, and needs urgent treatment.

Several different factors increase the risk of developing a DVT or PE. It is known that people who are immobilized following an injury (such as in a plaster cast or boot) have an increased risk of developing a blood clot. If there are extra factors that increase the risk of developing a blood clot they may be offered treatment to reduce their risk.

What to look out for

The following symptoms may be a sign of a DVT or PE. If you have any of these you should seek medical attention (telephone NHS 111 or attend the Emergency Department).

- Significant leg pain.
- Significant leg swelling.
- Redness/heat over the leg.
- Shortness of breath.
- Chest pain.
- Coughing up blood.

You should seek attention even if you have been given treatment to reduce your risk of developing a DVT or PE, as they can still develop despite preventative measures.

You have additional risk factors for developing blood clots, and we have recommended a course of injections to reduce your risk of developing a blood clot.

Dalteparin (Fragmin) is an anticoagulant medication that reduces the ability of the blood to clot. In low doses it reduces the risk of developing DVT and PE. It is given as an injection under the skin once daily. Patients can be taught to give the injection themselves, or a referral can be made for a nurse to give the injection in the community.

Do the injections have any risks?

Dalteparin (Fragmin) given at low doses is very safe. There is a small increased risk of bleeding, with the risk of major bleeding being very small (less than 1 in 200).

You may experience some bruising at the sites of injections. If you have unexplained bruising or bleeding that does not stop with simple measures (such as pressing on a cut) you should seek medical attention. Always seek medical attention if you notice blood in your vomit or stool.

Dalteparin may alter your liver, and cause liver function tests to become abnormal. This is usually mild and gets better on stopping the medication.

As with any medication there is a risk of allergic reaction (less than 1 in 100). Severe allergic reactions are very rare.

Are there any alternatives available?

Currently there are no other licensed drugs alternative to Dalteparin to prevent the risk of blood clots.

What will happen if I decide not to have treatment?

You have been identified as being at increased risk of blood clots. If you decide not to receive treatment with Dalteparin you will remain at increased risk of clots without the advantage of any treatment to reduce this.

What if I am unable to give the injections myself?

Often a relative or carer can be taught to administer the injections for you. Alternatively, we can arrange for a nurse to give the injections in the community.

How long will I need the injections for?

The dalteparin injections should be continued until you are no longer at increased risk of blood clots – they are normally continued until you are able to mobilise fully.

How will I dispose of the used sharps bin?

After completing your course of treatment, or when your sharps bin is full, please close and lock your sharps bin.

If you are a Liverpool, Knowsley and Wirral Council resident contact your family doctor (GP) who will arrange collection of your used sharps bins.

If you are a Sefton Council resident telephone the council on **Tel: 0345 140 0845** to arrange collection of your used sharps bins.

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

Emergency Department Royal Liverpool Hospital

Tel: 0151 706 2000 Ext 2050

Text phone number: 18001 0151 706 2000 Ext 2050

Fracture Clinic

Tel: 0151 706 2614

Text phone number: 18001 0151 706 2614

Physiotherapy/Occupational Therapy Department

Tel: 0151 706 2760

Text phone number: 18001 0151 706 2760

NHS 111

Tel: 111

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