



# Deep Vein Thrombosis

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**This leaflet is for patients who have been diagnosed with a deep vein thrombosis (DVT). It explains how this may affect you and what treatment to expect.**

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## **What is a DVT?**

A DVT is a blood clot in one of the major veins that return blood to the heart from the leg, or more rarely, the arm, head and neck, or abdomen. DVTs often cause pain, swelling or redness of the area affected and are diagnosed using ultrasound or sometimes other types of scans. Because the leg is by far the most common site, some of the advice in this leaflet is specific to leg symptoms.

## **Why does DVT happen?**

DVT is relatively common and in about 4 out of 10 cases, it may not be possible to identify a cause, in which case doctors and nurses often describe the DVT as “unprovoked”. The risk of having a DVT can be increased by events such as major surgery, being unwell in hospital, or taking oestrogen contraception (the Pill) or hormone replacement therapy (HRT) or being pregnant. In addition, factors such as age, weight, having a diagnosis of cancer or having a close relative who has had a venous thrombosis can also increase the risk of developing a DVT. The team who diagnosed your DVT may recommend some tests to look for causes of DVT that might be relevant to you.

## **What is the treatment for DVT?**

The main treatment for DVT is anticoagulants – blood thinning medication – which greatly reduce the risk of the clot getting worse and allow the body to break down the clot. There are a variety of anticoagulants available as tablets or subcutaneous injections. The team looking after you will advise you on the most suitable choice in your case and how to take it. Treatment of a DVT is usually given for at least three months and sometimes up to six months, after which, some patients may continue on blood thinners long-term while others may stop it, depending on the risks and benefits.

It is important not to miss doses of your blood thinner, especially in the first three months of treatment. Make a plan in plenty of time about getting a new prescription from your GP before your supply from the hospital runs out.

Some patients with clots in larger central veins and the most severe symptoms may require more complex treatments, such as using radiology procedures to remove or dissolve the clot. The team looking after you will discuss this with you if it is appropriate.

## **Will I need more scans?**

Most patients do not need more scans after the diagnosis is made as the clot will gradually dissolve over the next few weeks or months. Further scans may be helpful if there is a worry your symptoms have worsened because of a new or enlarging clot, despite treatment, or if more complex procedures are being considered.

## **Will my leg go back to normal?**

Most patients' legs will return to normal or close to normal. Around 30 out of 100 patients develop longer-term changes in the leg, known as "post-thrombotic syndrome" (PTS). PTS varies in severity between patients. Symptoms of PTS include: pain and swelling of the leg, heaviness, pins and needles, itching, brown discolouration of the skin, or in severe cases, leg ulcers or pain that prevent you walking longer distances.

PTS symptoms may be helped by raising the leg on a stool when sitting, regular exercise, painkillers and moisturising dry skin on the leg. Compression stockings can be helpful to reduce swelling, but these should not be worn in the first four weeks after the DVT is diagnosed, and they must be fitted correctly.

## **What happens after I finish the first 3-6 months of treatment?**

You will be advised if you should stop the blood thinners at the end of three months, or if it is recommended to continue it long-term. For some patients, it may be too early to make this decision.

Many patients are seen after three months in either the Deep Venous Thrombosis clinic or Haematology clinic to consider if any further tests might be helpful to look for causes of blood clots and to discuss the risks and benefit of stopping the blood thinner or continuing it long-term.

## **How can I reduce my risk of having another blood clot?**

There are several steps you can take to reduce your risk of having another blood clot:

- Make sure you take your blood thinners as prescribed and have a routine to avoid missing doses.
- Keep to a healthy weight.
- Some medications can increase the risk of blood clots, especially the combined contraceptive pill and tablet hormonal replacement therapy. Make sure your GP knows you have had a DVT before they prescribe hormonal medicines.
- If you are planning to have an operation, make sure the team caring for you know that you have had a DVT in the past.

## **Who should I contact if I need advice?**

Speak to your nurse or doctor if you have any concerns or questions.

If you are reading this leaflet and are worried that you have DVT because you are suffering the symptoms mentioned in this leaflet, you should seek medical advice from your GP or the nearest hospital emergency department (A&E).

The Venous Thrombosis (DVT) clinic operates from the Same Day Emergency Unit: (SDEC). The purpose of the clinic is to provide diagnosis and the initial prescription of anticoagulants for patients with DVT. Queries after leaving the clinic should usually be directed to your GP who is responsible for your ongoing care.

Venous Thrombosis Clinic / SDEC

Level 2 South Block

Royal Berkshire Hospital

Tel 0118 322 7461/7494

Mon – Fri 8.00am–4.00pm

### **Further information**

To find out more about Deep Vein Thrombosis, visit [www.thrombosisuk.org](http://www.thrombosisuk.org) or download the free [LET'S TALK CLOTS App](#).

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Venous Thrombosis Clinic, February 2025

Next review due: February 2027