



Superficial thrombophlebitis

You have been diagnosed as having superficial thrombophlebitis. This leaflet explains what that means and explains how your symptoms can be managed and/or treated.

What is superficial thrombophlebitis?

Superficial thrombophlebitis, often just referred to as 'phlebitis', is inflammation of a vein just under the skin, usually in the leg. A small blood clot also commonly forms in the vein, but is usually not serious. The condition usually settles and goes within 2-6 weeks. Treatments are available to ease pain or discomfort.

Superficial thrombophlebitis is not the same as, and much less serious than, deep vein thrombosis (DVT). However, in a small number of cases, complications can occur with superficial thrombophlebitis, including extension of the blood clot further up the vein. If the clot extends to where the superficial and deep, larger veins join, a DVT can develop.

Superficial veins are the ones that you can often see or feel just under the skin. Most bouts of superficial thrombophlebitis occur in a leg vein. However, any superficial vein can be affected. A typical site is in a varicose vein in a leg.

Thrombo(sis) means a blood clot in a vein.

Phlebitis means inflammation of a vein.

What are the symptoms of superficial thrombophlebitis?

Symptoms include swelling, redness and tenderness along part of the vein and you may develop a high temperature (fever). If a small blood clot develops inside the inflamed vein, it may feel hard or knobbly. The blood clot is usually not serious because of its size and there are other veins which carry the blood and bypass the blocked vein.

When the inflammation settles, a persistent darker area of skin (hyperpigmentation) may be seen over the affected vein. You may also be able to feel a small hard lump under the skin, which is tender to the touch.

What causes superficial thrombophlebitis?

Many cases occur for no apparent reason or the inflammation may be caused by a slight injury to the vein. However, there are a number of risk factors that make it more likely for the vein to become inflamed. These include:

- **Varicose veins.** Many cases of superficial thrombophlebitis occur in people who have varicose veins of the legs. Varicose veins are prone to minor injuries which can lead to inflammation.

- **Intravenous injection or cannulation.** Having injections into the veins or 'drips' in hospital can also cause superficial thrombophlebitis. These are commonly given in hand or arm veins, can injure the vein and may trigger inflammation. Damage to the veins in this way is also common in people who inject 'street drugs'.
- **Previous problems with veins.** You are more likely to get superficial thrombophlebitis if you have had previous superficial thrombophlebitis or a previous DVT.
- **Abnormalities of blood clotting factors.** Various factors can affect blood clotting, including the oral contraceptive pill, hormone replacement therapy, cancer, smoking and pregnancy. Less commonly, there are also some hereditary blood disorders where blood clots develop more readily than usual.
- **Blood flowing more slowly than normal (stasis).** This might occur in veins that are varicose, during long flights or in people who are immobile, and also following major surgery.

Treatment to help relieve symptoms

Most bouts of superficial thrombophlebitis last for 2-6 weeks. No treatment may be needed if the symptoms are mild. If they are associated with varicose veins, they are likely to return. The following treatments may be advised, depending on your symptoms and the severity of the condition:

- **Keep active.** Try to keep up your normal activities as pain allows.
- **A hot cloth (flannel) placed over the vein.** This may ease the pain.
- **Painkillers.** Anti-inflammatory painkillers like ibuprofen may ease the pain (but are not advised if you are pregnant). Some people may not be able to take anti-inflammatory painkillers. Paracetamol is an alternative. Check with your GP or pharmacist and always read the packet leaflet that explains possible side-effects. There is also some evidence that anti-inflammatory tablets may reduce the risk of superficial thrombophlebitis enlarging or extending within a vein and/or it coming back. However, more studies are needed to confirm this.
- **Anti-inflammatory creams or gels.** Ibuprofen gel/cream is an alternative if the superficial thrombophlebitis is mild and only affects a small area of vein. It tends to produce fewer side-effects than those taken by mouth.
- **Anticoagulation with oral tablets such as Apixaban or Rivaroxaban** may be recommended if the thrombophlebitis is extensive or near a deep vein.
- **Fondaparinux (also called Arixtra®).** This is an injected medicine which slows down one of the body's clotting factors. A six week course can reduce the risk of DVT and of extension and return of thrombophlebitis.
- **Raising the affected leg.** When resting, raise the affected leg using cushions or a pillow, so that your foot is higher than your hip. This helps to reduce swelling and discomfort.
- **Compression (support) stockings.** These may be advised if a vein in your leg is affected to ease discomfort and reduce swelling while the inflammation settles.

If your doctor feels that you may have a DVT or be at high risk of developing one, they may suggest that you be referred either to the hospital or to a special DVT clinic. This will enable you to have any investigations or treatment necessary. Sometimes, 'just in case' (prophylactic) treatment may be given to people who have superficial thrombophlebitis and may be at high risk of developing a DVT. This involves injection of a medicine to thin the blood.

Are there any complications from superficial thrombophlebitis?

The inflammation and pain usually settle within a few weeks and most people make a full recovery. The possible complications listed below are uncommon. **If you develop any of the symptoms below, contact your GP, dial NHS 111 or visit your nearest Emergency Department (A&E):**

- **Infection:** Sometimes the affected vein becomes infected. The pain may then become worse and the redness spreads. You are likely to feel generally unwell. Infection is more common in someone who has had a drip inserted for a long period of time, in people who abuse 'street drugs' or in people with a weakened immune system. Antibiotics are needed to treat the infection. If the infection is severe, you may need to be admitted to hospital for antibiotics (given directly into a vein). Rarely, infection in a vein becomes severe and may spread to other areas of the body.
- **Blood clot extension:** In some cases, the blood clot can extend further up the vein. If the clot extends to where the superficial and deep veins join, a DVT can develop. This is more likely if the superficial thrombophlebitis is in the upper thigh or the groin, near to where the superficial veins and the deep veins of the leg meet. There is a similar meeting point of superficial and deep veins at the crease behind the knee. It is also more likely to occur:
 - If superficial thrombophlebitis develops in a previously normal vein (not a varicose vein).
 - If you have had a DVT before.
 - If you are immobile for some reason.

See a doctor urgently if:

- Inflammation, redness, or hardness spreads up your inner thigh towards your groin or is around the back of your knee or calf.
- Your whole leg swells.
- Pain becomes suddenly worse.
- You develop any new breathing problems, or develop chest pains. Sometimes a clot from a DVT breaks off and travels to the lung.

When thrombophlebitis leads to a DVT, there is an increased risk of developing further DVTs and possibly clots on the lung (pulmonary embolism).

Recurrent superficial thrombophlebitis

It is common for people with varicose veins to have repeated (recurrent) bouts of superficial thrombophlebitis. However, for a small number of people this may be the first sign of a more serious condition such as cancer or a rare condition called polyarteritis nodosa in which there is patchy inflammation of the walls of the arteries. This is more likely if the bouts occur at different sites, or in different veins in someone without varicose veins.

Tests may be advised if there is no obvious explanation for recurring bouts of superficial thrombophlebitis.

References

Patient Platform Ltd <https://patient.info/heart-health/varicose-veins-leaflet/superficial-thrombophlebitis>
www.nhs.uk <https://www.nhs.uk/conditions/phlebitis/>

Contacting us

For telephone advice, contact the Venous Thrombosis Clinic, Monday to Friday (excluding bank holidays) 8.30am-3.30pm on 0118 322 7494.

To find out more about our Trust visit www.royalberkshire.nhs.uk

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

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