NHS
Royal Berkshire
NHS Foundation Trust

Assessment in the Virtual Fracture Clinic

This leaflet explains how Virtual Fracture Clinic appointments work.

- Our fracture clinics have been redesigned to offer patients a safe and effective process in assessing your broken bone(s).
- Coming to a traditional fracture clinic in the first few days is unnecessary in many cases and often difficult due to pain and immobility. It can be apparent at the time of the first fracture clinic appointment that an early opinion of a specialist is required. This can now be provided at our Virtual Fracture Clinic.
- Your X-ray(s) and initial assessment documentation are reviewed on computer by an orthopaedic consultant in the Virtual Fracture Clinic.
- **You will not need to attend the hospital for the assessment to take place.**
- A trained, experienced orthopaedic nurse will contact you by telephone after this assessment to discuss your treatment. This might consist of advice and information, or they may need to arrange an appointment for you at the most appropriate clinic. **The nurse will ring you anytime between 9am and 5pm, so please make sure you are available to take the call.**
- If you are not available on the telephone, a message will be left if you have this facility.
- All patients and their GP will receive a letter outlining the assessment and outcome.

Date of your assessment: _____

Nurses from the Virtual Fracture Clinic are available to contact by telephone: Fracture Clinic on 0118 322 6567 or mobile: 07554 330 369 (12pm-5pm, Monday to Friday). While the clinic is running, we are unable to take calls but answer phones are in use so please leave a message. We will respond to all clear messages left.

Associated risks of leg injuries

If you have a lower limb injury that has been immobilised (i.e. put in a cast, boot or splint) there is a greater risk of a venous thrombolism (VTE) – or blood clot – occurring.

What is a venous thromboembolism (VTE)?

Blood circulation is essential for life and the blood normally flows without interruption. If the blood vessels (veins) are damaged, the blood can begin to clot. Sometimes, blood clots form where they should not and they may slow the blood flow or stop it altogether. Clots are more likely to form if the blood flow is slow, if there is an injury to the veins or if something affects the clotting ability of the blood.

Venous thromboembolism (VTE) occurs when clots form in blood vessels. The clots often form in deep veins, such as in the legs or groin, and these are referred to as deep vein thrombosis (DVT). If a part of the clot breaks off, it can travel through the blood and lodge in the main blood vessels (arteries) of the lung, causing a pulmonary embolism (PE), which can be very serious. VTE is a major cause of illness or death in patients who spend time in hospital. It is 5 times more common in causing death than a hospital-acquired infection. VTE is easily preventable and this leaflet explains who is at a higher risk of VTE and what can be done to prevent it.

Who is at risk of developing VTE?

You are more at risk of developing VTE in hospital if one or more of the factors below apply to you:

- You are undergoing major surgery.
- You are aged over 60.
- You have long periods of not moving or reduced mobility.
- You are on certain medications such as hormone replacement therapy (HRT), oral contraception (the Pill), tamoxifen, raloxifene and chemotherapy.
- You are pregnant or have given birth within the last 6 weeks.
- You have cancer or are receiving cancer treatment.
- You are overweight or obese.
- You have had a previous VTE or there is a family history of VTE.
- You are dehydrated.
- You have an inherited or acquired blood clotting problem.
- You have a serious medical illness or a disease of the blood.
- You have more than one medical condition, such as heart disease, diabetes or respiratory illness.
- You have travelled long-haul (for journeys where you sit for longer than 4 hours) within 4 weeks before or after hospital admission.

How can VTE be prevented?

In your admission and pre-operative assessments, your individual risk of developing a VTE is assessed and you will be given appropriate preventative measures according to the level of risk of forming a clot and risk of bleeding.

Please ask your doctor or nurse about the VTE preventative treatments that you are or will be receiving.

You may receive one or more different treatments and may be recommended ways in which you can help prevent VTE.

The treatments include:

- **Medication:** Anticoagulants (drugs that prevent clotting) may be used. Some patients may need to continue with the medication after they leave hospital and if this is necessary your nurse will explain the procedure.
- **Anti-embolism stockings:** You may be fitted with stockings to reduce damage to leg veins and encourage the return of blood to the heart while you are immobile. You may need to wear these for a time after surgery. Your nurse will advise you on this.

- **Compression devices:** These are inflatable sleeves fitted around your foot or calf that inflate and deflate at regular intervals to encourage circulation.

Ways in which you can help prevent VTE include:

- Eat a balanced diet.
- If you are overweight, try to lose some weight before you come into hospital if it is a planned admission.
- Drink plenty of fluid. Dehydration is a risk factor for VTE.
- Mobilising and exercises. Movement is important and aids recovery after surgery. Mobilising as soon as you feel well enough or doing foot exercises at least 10 times an hour while you are inactive helps pump blood around the body.

How do I know whether I have VTE?

Many people with VTE have no symptoms at all. The most common symptoms include:

- Pain, tenderness and swelling of the calf.
- Mild fever, with heat in the area of the thrombosis (blood clot).
- Redness.
- Shortness of breath.
- Chest pain when breathing.

Is there a treatment for VTE?

Treatment for a VTE is with anticoagulants. These are medicines that thin the blood significantly. They are usually given for 3 to 6 months. Very occasionally, treatment is not needed or appropriate. In some cases clot removal may be required.

More information about VTE

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

If you are worried that you have VTE and are suffering any of the symptoms listed in this leaflet, you should seek medical advice from your GP or the nearest hospital emergency department.

www.nice.org.uk/guidance/cg92

www.nhs.uk/Conditions/Thrombosis/Pages/Introduction.aspx

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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