

## Preventing hospital- associated blood clots

### What are hospital associated blood clots?

A hospital-acquired blood clot occurs in patients when they are in hospital and up to ninety days after a hospital admission. There are two kinds:

1. **Deep vein thrombosis (DVT):** a DVT is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause no symptoms at all or cause swelling, redness and pain.
2. **Pulmonary embolism (PE):** If a clot becomes dislodged and passes through your blood vessels it can reach your lungs, this is called a PE. Symptoms include coughing (with blood stained phlegm), chest pain and breathlessness. Health professionals use the term venous thromboembolism (VTE), to cover DVT and PE.

**If you develop any of these symptoms either in hospital or after you go home, please get medical advice immediately.**

### Why would I need this information?

Blood clots occur in the general population in about one in 1000 people every year. You may have heard about DVT in people who have been on an aeroplane, but you are much more likely to get a blood clot after going into hospital. In fact, about two thirds of all blood clots occur during or after a stay in hospital. The Government recognises hospital-acquired blood clots are an important problem and has asked hospital doctors and nurses and pharmacists to assess each patient's risk. If you are at risk, your doctor or nurse will talk with you about what will be done to offer you protection against clots.

### Who are at risk?

Any unwell adult admitted to hospital is at risk; that covers most adults. Other factors that put people at greater risk include:

- A previous clot
- A recent diagnosis of cancer
- Certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden
- Being overweight
- Being immobile
- Oestrogen containing contraceptives and hormone replacement therapies.
- Having an operation
- Significant injury or trauma
- During and after pregnancy

### What can help prevent a blood clot?

**Stockings:** In hospital you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs to a health professional. Please ensure your stockings are removed for a short time every day so that you can wash and dry your feet and check for any skin problems. If you are unable to remove and replace your stockings, you must tell the nursing team.

**Inflatable sleeves:** The clinical team may ask you to wear calf or foot pumps; special inflatable sleeves around your legs or feet while you are in bed or sat still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

**Blood thinners:** Most patients at risk will be prescribed a small dose of an anticoagulant (blood thinner). These reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The blood thinner most often used is a type of heparin, which is given by injection. If an injection is required the nursing staff will teach you how to administer and dispose of safely.

**To be effective, these methods of prevention must be used correctly. If you have any questions or concerns, please ask your doctor or nurse.**

### **What should I do before I come into hospital?**

If possible, before coming into hospital: Talk to your doctor about contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation and will provide advice on temporary use of other methods if your usual contraceptive is stopped.

- Keep a healthy weight.
- Do regular exercise.
- Try to keep hydrated by drinking plenty of fluid

When in hospital: Keep moving or walking and get out of bed as soon as you can after an operation—ask your nurse or physiotherapist for more information.

### **What should I do when I go home?**

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will make sure they are suitable for you and will tell you how to put them on and what you should check your skin for.

If you need to continue blood thinner injections at home, your nursing team will teach you how to do this. Please make sure you take blood thinning medicines, including tablets or injections as advised. If you have any concerns make sure you speak to a nurse before you leave.

Until your mobility returns to normal, it is a good idea for you to consult your GP before going on any long journeys lasting longer than three hours, particularly where your movement will be restricted, and you are confined to a seat in an aeroplane, coach or car. If you cannot avoid travel, try to keep moving as often as you can, for example, breaking up your journey with a short walk or leg exercises at regular intervals.

It is very important to keep hydrated and keep moving whenever possible.

**If you develop any signs or symptoms of a clot at home, then seek medical advice immediately, either from your General Practitioner (GP) or your nearest hospital's emergency department.**

## Sources of information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

- Please ask your doctor or nurse for information on VTE
- For medicines information call 0300 131 5636 for Eastbourne DGH or 0300 131 5184 for Conquest
- Visit the NHS website for information on Blood clots
- Thrombosis charity information and support: <https://www.thrombosisuk.org>

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information: VTE Prevention Group, Jonathon Palmer, Clinical Pharmacy Manager.

The directorate group that have agreed this patient information leaflet: Diagnostic, Anesthetic and Surgery

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