

WHAT ARE POTENTIAL PROBLEMS OR SIDE EFFECTS?

If you take your medicine as recommended by your health care team, it is unlikely that you will have any problems. However, please contact your **General Practitioner** (contact ED, Palmerston North Hospital if **after hours**) immediately if you:

- Sustain an injury, especially to the head, eyes or joints
- Bleed excessively after a cut, or bleed from the nose or gums
- Get abnormally heavy menstrual bleeding during a period
- Notice any unexplained bruising, especially black or brown spots on the skin if you have not received any injury
- See excessive bruising or redness around an injection site
- Vomit up blood or material which looks like coffee grounds
- Pass red-coloured urine, or produce black stools
- Experience any major changes to your general state of health, eg vomiting, diarrhoea, fever
- Suffer chest pain or shortness of breath.

WHAT SHOULD I DO IF I CUT MYSELF?

Apply a clean cloth and press on the wound for at least five minutes. If the bleeding does not stop, seek medical advice.

QUICK TIPS

- It is essential to have your blood tests on the day scheduled so that your medication can be adjusted as needed.
- Many medications interact with Warfarin. Always check first with your doctor or pharmacist about all other medication including over the counter, herbal and supermarket remedies.
- Try raising your legs to help reduce swelling and discomfort.
- Wear compression stockings if advised by your doctor.

For any further information please contact your General Practice Team.

IMPORTANT CONTACT PHONE NUMBERS

- Palmerston Nth Hospital: (06) 35 69169 • Haematology: (06) 350 8553 or 027 240 8254
- Health Line: 0800 611 116 • MedLab Central: 0800 800 030 or (06) 952 3161

My GP

I HAVE A CLOT BLOOD CLOTS

What do I need to know?



**Patient information developed
by patients for patients.**

Deep Vein Thrombosis (DVT)

WHAT IS A DVT?

A blood clot forming in a deep vein is commonly called a **Deep Vein Thrombosis or DVT**. These most commonly occur in the deep veins of the leg.

WHAT ARE THE SYMPTOMS OF DVT?

Some people have no noticeable symptoms, however others may experience some or all of the following:

- Warmth over the affected areas
- Changes in skin colour
- Tenderness and swelling around site of the clot
- Cramping
- Redness
- Raised temperature

WHAT ARE THE MAIN PROBLEMS WITH A DVT?

- Blood clots are often painful and cause swelling.
- Clots can get bigger and even break off and travel to the lungs.
 - This is called **Pulmonary Embolism (PE)**.
- Once a vein is blocked with a clot, other veins will take over the role of the blocked vein causing long term swelling of the leg and potential risk of leg ulcers. Ulcers can be an issue as they can become difficult to heal.
 - This is called post-thrombotic syndrome.

WHAT ARE THE SYMPTOMS OF A PE?

- Unexplained shortness of breath
- Chest pain
- Problems breathing
- Coughing or coughing up blood

WHY TREAT A DVT?

The goal of the treatment is to:

1. Stop the clot getting bigger
2. Prevent **Pulmonary Embolism (PE)**
3. Reduce chances of recurring **DVT**.

MEDICATIONS USED FOR TREATING DVT

The medications used to treat DVTs help prevent the body from developing more blood clots and stops existing blood clots from growing larger, or dislodging. It is sometimes referred to as a 'blood thinner', the technical term for it is an 'anticoagulant'

TYPES OF ANTICOAGULANTS USED TO TREAT DVT

Anti clot injection (common types are Clexane or Enoxaparin)

This is given as an injection under the skin once a day. This medication starts working almost immediately and slows down the normal clotting system in your body. Treatment will continue for at least five days. The nurse will instruct you on how to give yourself the injection or district nurses can assist. *(Please see Clexane handout for more information.)*

Anti clot pills

Warfarin is another anticoagulant medication and takes several days to take effect. Each person responds differently to this medication, and your dose may need to be changed to suit your specific need. Once your Warfarin is at the right blood level the Clexane or Enoxaparin injections can be stopped. Usually Warfarin is taken for a minimum of three to six months. *(Please see Warfarin handout for more information.)*

Warfarin can harm a developing fetus therefore it is important that all precautions are taken. If you become pregnant whilst on Warfarin please consult your doctor immediately.

Dabigatran

Dabigatran is another type of oral anti clot medication that you could be given. This is usually taken twice a day.

BLOOD TESTS ARE REQUIRED, WHY?

Your doctor/nurse will arrange further blood tests after three days of treatment to ensure the right dose of Clexane and Warfarin. The blood test is called the **International Normalised Ratio** and is normally referred to as the INR. The test is a measure of how quickly your blood clots compared to normal. You will need regular blood tests to monitor the INR. You may need to have your Warfarin dose adjusted to keep the INR in the therapeutic range. After you have your blood test the haematology staff will phone you with your blood results and will tell you what dose of Warfarin you should take and when you will require another blood test. Once your **INR** is in the right range the haematology staff will stop the Clexane. **It is important that you discuss the plan with your general practice team.**

COMPRESSION STOCKINGS

Your doctor may discuss the need for compression stockings to help the blood flow in your legs. Stockings should be worn for two years post **DVT** if recommended for you.