

# Warfarin Therapy and Deep Vein Thrombosis (DVT)

An information guide



# **Warfarin Therapy and Deep Vein Thrombosis (DVT)**

## **What is a Deep Vein Thrombosis (DVT)?**

Blood clotting is a natural, protective mechanism triggered by the body in response to a cut or wound. Whenever we cut ourselves, a clot is formed to stop the flow of blood. This process is called clotting or coagulation and it is essential to prevent you from bleeding too much.

The blood clotting process is a complex sequence of chemical reactions. Sometimes this may occur within a deep vein in the leg. The formation of this harmful blood clot is known as a deep vein thrombosis (DVT for short).

This clot of blood can interrupt the normal flow of blood back up the leg. People who develop a DVT may experience a painful, tender, swollen leg. A DVT needs to be treated immediately.

## **Why am I at risk of developing blood clots?**

There are several reasons, known as risk factors, which increase your chances of developing a DVT.

Some risk factors include: having a major operation, reduced mobility, trauma (fractures), certain medical conditions and a family history of thrombosis. You are more likely to be at risk of developing a DVT if you have one or more of these risk factors.

## How is it treated?

You treat a DVT by taking the prescribed medication.

One of the drugs you have been prescribed is Warfarin, an anticoagulant, sometimes called a blood thinner.

## How does Warfarin work?

Warfarin is an anti-clotting medicine.

It works by preventing your body from forming more harmful blood clots within the deep veins. It works with the body's natural anti-clotting system. It will not dissolve the already formed clot because your body will do this naturally over a period of time.

Warfarin also helps prevent any existing clots from getting bigger.

## How will I know what dose to take?

In order to determine the correct dose for you, regular blood samples will need to be taken and tested in clinic. The result and dose will be recorded in your yellow anticoagulant record book.

Each person responds differently to Warfarin, therefore your dosage may need to be changed if you have altered your other medication, including having a course of antibiotics. It is important that you inform your anticoagulant clinic immediately if any of these changes occur.

Herbal remedies can also interfere with Warfarin. **Do not** take any herbal medicines without discussing it first with your anticoagulant clinic.

## **How do I take my Warfarin?**

Warfarin comes in tablet form.

Warfarin tablets are colour-coded according to their strength. Take your Warfarin at the same time each day, preferably in the evening around 6pm so that if the dose needs to be changed or stopped you will not have already taken it that day.

## **What are the side effects?**

The only major side effect is bleeding.

However this is unlikely if you follow the instructions. You should contact your GP immediately or attend A&E department and inform your anticoagulant clinic if you:

- Bleed excessively after a cut. Bleed from the nose or gums
- Vomit up blood or materials that look like “coffee grounds”
- Pass red-coloured urine or black stools
- Experience any major health changes
- Sustain an injury to your head, eyes or joints.

## **What if I cut myself?**

If you cut yourself press on the wound with a clean cloth for 5 minutes. The bleeding should stop after this time.

If bleeding persists you may need to attend your local A&E department.

## **Advice on looking after your leg**

Following a DVT the valves within the vein (which open and close to assist the blood flow back up the leg) may be permanently damaged.

To help reduce the swelling lift your leg when sitting down. Use a moisturiser on your leg to keep the skin supple. To assist circulation and help prevent long-term complications, you will be assessed for compression hosiery.

If suitable, it is advised that you wear the hosiery for at least two years. Long-term complications can include venous leg ulcers, pain and swelling of the leg.

## **Long-term advice**

When travelling on long journeys do not drink excessive alcohol. Drink plenty of water. Do not take sleeping tablets. Regularly flex ankles to contract the calf muscles and wear your compression hosiery.

If you have any queries please refer to your yellow anticoagulant book where you will find useful contact numbers. **CONTACT YOUR GP OR A&E DEPARTMENT AT ALL OTHER TIMES.**

## **Useful websites**

[www.anticoagulationeurope.org](http://www.anticoagulationeurope.org)

[www.nhs.uk](http://www.nhs.uk)





**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

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