

Reducing the risk of blood clot when using a lower limb plaster cast or splint (lower limb immobilisation)

An information guide



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This leaflet will help you understand more about the risk of blood clots, otherwise known as Venous Thromboembolism (VTE).

Blood clots can form in your body after an injury to your leg that requires immobilisation (application of a plaster cast or splint).

Blood clots

Whenever we cut ourselves, our blood hardens and a scab forms. This process is called blood clotting or coagulation.

Blood clotting is a natural, protective process that our bodies trigger automatically in response to a cut or wound we might have. It is essential to prevent us from losing too much blood when we cut ourselves.

Sometimes blood clotting can go wrong, and a clot of blood can occur within a vein, forming a plug, that can interrupt the normal flow of blood through the vessels. When a clot forms in a deep vein in the leg, this is called a deep vein thrombosis, or DVT.

This can cause painful long term swelling and leg ulceration or a dull ache as in tired leg syndrome. The blood clot itself is not life threatening, but if it becomes loose or part of it breaks away it can be carried in your blood to another part of your body.

If the clot travels to the lungs it is called a pulmonary embolus (PE) and can be fatal. Venous Thromboembolism (VTE) is the collective name for DVT and PE.

Is Venous Thromboembolism (VTE) common?

VTE occurs in the general population in about one in 1000 people (Lifeblood Thrombosis Charity, 2010). This risk goes up to 2 – 3 in 100 people in those with lower limb immobilisation.

Are you at risk?

In addition to lower limb immobilisation some people have certain risk factors which make them more likely to develop a blood clot.

Risk factors include:

- You or a member of your family, having had a blood clot before.
- Having cancer or being treated for cancer.
- Having long-standing problems with your heart or lungs.
- Taking the contraceptive pill or hormone replacement treatment (HRT).
- Having inflamed varicose veins (phlebitis).
- Being pregnant or having recently given birth.
- Being overweight (a body mass index of 30 or more).
- Being unable to move around.
- Being over the age of 60.
- Having a recent surgery or an injury.
- Having a specific disorder which makes your blood more likely to clot.
- Making a long continuous journey (of more than about 3 hours) in the 4 weeks before of having your injury (for example, in an aeroplane or train).
- Being dehydrated.
- Suffering a new acute stroke.

Will my risk be assessed?

VTE is taken very seriously.

Staff should complete a risk assessment for VTE for all patients who receive lower limb immobilisation. If you are at risk the doctor or nurse will discuss with you what can be done to reduce your risk.

Some patients may be prescribed anticoagulant medication (also known as blood-thinners). These alter certain chemicals in the blood to stop clots forming so easily, a common side effect of these medicines is that you are more susceptible to bruising.

Anticoagulants may be administered either as an injection or a tablet.

Heparin (injection) is of animal origin, therefore if you have any concerns about using animal products then please alert your doctor and they will discuss other options with you.

Signs of a possible clot

There are certain signs to look out for lower limb immobilisation that could mean you have a blood clot.

Seek medical advice immediately via **NHS 111** who will direct you to the most appropriate health care professional if you experience any of the following in the days or weeks after leaving hospital:

- Pain in your leg.
- Swelling in your leg.
- The skin on your leg is hot or discoloured (red, purple, blue).
- Your feet are numb or tingling.
- The veins near the surface of your leg appear larger than normal or you notice them more.
- You become short of breath.
- You feel pain in your chest, back or ribs, which gets worse when you breathe deeply.
- You cough up blood.

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

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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