

What should I look out for?

The symptoms of a DVT are as follows:

- pain, swelling or tenderness in your leg (particularly if the swelling is above the knee or separate from the site of your injury)
- a heavy aching or cramping pain in the affected leg, especially when mobilising (moving)
- skin that becomes red or is warm to touch.

The symptoms of PE are as follows:

- sharp chest pain which starts suddenly
- fast breathing
- fast pulse rate
- shortness of breath, even at rest
- coughing up blood or a continual dry cough.

If you are concerned you may have developed a clot (DVT or PE), seek urgent medical advice or go to your nearest Emergency Department or Minor Injuries Unit, without delay, as diagnosis and treatment may be required.

For further urgent advice please contact 111, or contact Fracture Clinic on 01872 253091 during office hours.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



Reducing the risk of blood clots with lower limb immobilisation



Who is this leaflet for?

This leaflet is for patients who have a lower limb immobilised. It explains about the increased risk of blood clots associated with lower limb immobilisation, and what steps can be taken to reduce this risk.

Why am I at increased risk?

Blood clots or Venous Thromboembolism (VTE) are a possible complication of having a lower limb immobilised following a fracture or an injury. This includes any form of plaster cast, boot or brace which stops you being able to move your limb as freely as you were able to before your injury. The increased risk of developing a deep vein thrombosis (DVT) happens as a result of reduced blood flow within the affected limb. If untreated a DVT can travel in the body to the lungs where it becomes a Pulmonary Embolism (PE).

Any patient over 16 years of age who has their lower limb immobilised should be assessed for their risk of DVT. Whilst most low risk patients will not require preventative treatment, if you have other recognised risks for VTE we may recommend you receive a 'blood thinning' medicine called an anticoagulant to reduce your risk of developing VTE. To determine whether you may be at increased risk of VTE a risk assessment will be carried out by one of the doctors, nurses or health professionals.

What does preventive treatment involve?

Preventing DVT and PE involves taking anticoagulant or 'blood thinning' medicines, which reduce the blood's ability to clot. The most commonly used blood thinner is Low Molecular Weight Heparin (LMWH) which is a medication given by a small injection in the tummy once a day at the same time. If you are advised to take LMWH it is very important that you don't run out of these injections and that you continue them regularly until you are told to stop by a doctor.

Who is at higher risk?

You may be at higher risk of developing a DVT if:

- you are pregnant
- you are over 60 years old
- you or a family member have a history of blood clots

- you are overweight or have a BMI of over 30. If you are unsure, a staff member can calculate this for you
- you have active cancer
- you are taking HRT (Hormone Replacement Therapy) or the combined contraceptive pill
- you have had an achilles tendon rupture or repair
- you have significant varicose veins
- you have inflammatory bowel disease such as Crohn's disease or Ulcerative Colitis
- you have had abdominal surgery within the last 6 weeks, or complex surgery of the lower leg or pelvis within the last 6 weeks
- you were unable to walk before the injury.

Is LMWH suitable for everyone?

If you are already taking oral anticoagulation medication (such as Warfarin, Rivaroxaban, Apixaban, Edoxaban or Dabigatran) then you will not need additional blood clot prevention with LMWH injections. You will also not be given LMWH if you have any bleeding disorders (eg Haemophilia or a low number of clotting cells in the blood), or if have very high or uncontrolled blood pressure or are actively bleeding.

What can I do to help reduce my risk of developing blood clots?

- Stay well hydrated – drink plenty of fluids.
- Stop smoking (if you smoke). This will also help you heal.
- Perform the exercises described below. While you have to wear a cast, any activity which promotes contraction of muscles and increases blood flow is helpful.

Exercises that may help

- Wiggle your toes. Try to do this for at least 10 seconds at a time, as often as you can.
- If your ankle is not immobilised and you are able to do so, move your ankle up and down. Repeat 10 times, and perform regularly.
- For below knee casts only – regularly bend your knee, and then straighten (if you are able). Perform regularly.