NHS
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Superficial thrombophlebitis









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What is superficial thrombophlebitis?

Superficial thrombophlebitis (STP) is when a blood clot forms in the superficial (surface) blood vessels, usually in the lower leg, causing symptoms of pain, swelling and redness. It often occurs in varicose veins. Superficial thrombophlebitis does not usually cause significant problems and will often settle on its own, but if it is very extensive treatment may be needed.

What are the symptoms?

- Redness and swelling around the vein, which often tracks up the leg.
- Veins which can be extremely painful to touch.
- Veins which feel hard or 'cord-like' to touch or you can feel a lump under the skin.

What causes it?

It is a fairly common condition and the reasons for it are not fully understood. The contributory factors are similar to that of Deep Vein Thrombosis (DVT's) including:

- smoking
- taking the combined contraceptive pill or hormone replacement treatment (HRT)
- increasing age
- being overweight
- pregnancy or post partum (following birth)
- thrombophilia (an acquired or inherited tendency to clot) or a family history of clots
- a cancer diagnosis
- varicose veins.

How is it diagnosed?

It can be identified on examination of the affected area by a doctor or specialist nurse. Because STP can be associated with deep vein thrombosis (DVT) it is sometimes necessary to perform an ultrasound scan on the leg to show where the problem is. This test simply traces the flow of blood in your leg using a hand held probe.

How is it treated?

Treatment can be with a combination of tablets, creams and surgical support stockings – it depends on which veins in the leg are affected.

Calf

If the STP only affects the veins in your calf, you may be asked to use anti-inflammatory gel or heparinoid (blood thinning) cream rubbed in to the affected areas. You may also be prescribed a surgical support stocking to wear. If the STP is particularly painful, paracetamol or anti-inflammatory medication such as ibubrofen can be used (these may not be suitable if you have a history of kidney disease or bleeding from the stomach).

Thigh

If the ultrasound scan identifies STP up into your mid-thigh veins, 30 days of prophylactic (or preventative) heparin is often recommended. This is a low dose anticoagulant (blood thinner). This aims to prevent the STP from getting worse or re-occurring. It is given in the form of an injection under the skin once a day. You or a relative or carer will be shown how to give these injections if they are required.

Groin

If the STP extends up to the level of the groin there is a risk that the blood clot will extend into the deep veins and become a DVT. In these instances the recommendation is to treat as a DVT. This means giving full dose anticoagulation (blood thinning treatment) for up to 6 weeks.

How do anticoagulants work?

Anticoagulants work by interfering with your body's ability to clot. However, they don't dissolve the clots – your body has an in-built system that will do this naturally over the next few weeks.

What medication will I receive?

The main anticoagulants used are:

- **Heparin** – this is given by injection under the skin, usually once a day. The doctor or specialist nurse will decide whether you need a prophylactic (preventative) dose or treatment dose.

- **Warfarin** – this is given in the form of tablets, which are colour coded according to their strength. Each person responds differently to Warfarin, so the dose you receive will be suited to your specific needs. The effect of Warfarin on your blood is measured by a blood test (called an INR) which looks at how quickly your blood clots compared to normal. This test is usually carried out at your GP surgery. At first the blood tests will be needed quite frequently, and the results will be recorded in a yellow record book that will be given to you. As the Warfarin can take several days to gain effect in your body it is usual to continue Heparin injections until the Warfarin is fully effective. After each blood test instructions will be given on how much Warfarin needs to be taken daily and when the next test needs to be done.
- **Direct Oral Anticoagulant (DOAC)** – there are several different direct oral anticoagulant medications, which work in similar ways. They are all in the form of tablets taken once or twice a day. Some need to be taken with food. You will be given advice on exactly how to take the medication you are prescribed. This group of medications are different to Warfarin because they do not need to be routinely monitored. These tablets take effect very quickly so you will not usually need to continue to take Heparin with these.

What happens when I leave hospital?

- If you have Warfarin treatment, an appointment will be made at your GP surgery or hospital clinic for your next blood test and/or next Heparin injection. You must keep these appointments.
- Depending which treatment you choose, you will be given either a yellow 'anticoagulation therapy record' booklet or patient information booklet, which will be explained to you. You must always take this booklet with you whenever you see a doctor or dentist. You will also receive an alert card which it is important you carry with you whilst you are on treatment. It details the type of medication you are receiving.

What should I look out for?

If you take your medication as recommended by your GP or hospital team you should not experience any problems. However, if you become unwell, for example with diarrhoea, sickness, dizziness or a fever your medication may need to be reviewed. It is important you contact your GP or hospital team if you are unwell or if you:

- injure yourself, especially if the injury is to your head or eye
- bleed excessively after a cut or have nosebleeds or bleeding gums
- have an abnormally heavy period
- develop bruises or black or brown spots on the skin without injuring yourself
- vomit up blood or material that look like brown 'coffee grounds'
- pass red coloured urine or produce black faeces (stools)
- suffer sudden chest pain or shortness of breath.

What should I do if I cut myself?

Apply a clean cloth or dressing to the area and press the wound firmly for at least 5 minutes. If the bleeding continues contact your GP or hospital team.

What if my symptoms get worse?

If you notice the pain, redness or swelling getting worse, and particularly if you notice they are travelling further up your leg you must contact your GP or the hospital clinic as soon as possible. You may need to be reviewed to see if any changes to your treatment need to be made.

What else can I do to help?

To help recovery from STP it is important you look after yourself.
We recommend that you:

- avoid standing for too long
- put your feet up when sitting in a chair (ideally your feet should be higher than the seat of the chair)
- take plenty of gentle exercise
- apply moisturiser to your legs to help keep the skin soft
- take your medication and attend for blood tests as instructed
- advise whoever is supervising your treatment if you intend to start any other medication, including anything bought over the counter at a pharmacy
- advise any other doctor, dentist or pharmacist that you are taking anticoagulant medication before you receive treatment from them

- avoid contact sports or activities that may cause you to bruise
- always wear slippers or shoes to protect your feet
- do not change what you eat dramatically
- limit your alcohol intake to 1-2 drinks a day and do not binge
- try to take your medication at the same time every day.

What if I forget to take my medication?

If you forget to take your medication, or you think you may have taken too much, inform whoever is monitoring your treatment as soon as you can. **Do not** take any extra medication to make up for those you have missed.

Will my doctor call?

When you leave hospital your GP will be informed that you have started anticoagulant therapy and will be given details of who will be monitoring your treatment. The doctor shouldn't need to call and you shouldn't need to see them unless you experience any of the problems mentioned in this leaflet.

Further information

Further information about blood clots and treatment is available from:

Lifeblood, The Thrombosis charity, PO Box 58, Llanwdra, SA19 0AD
www.thombosis-charity.org.uk

Patient
patient.info/health/superficial-thrombophlebitis-leaflet

NHS Choices
www.nhs.uk/Conditions

Circulation Foundation
www.circulationfoundation.org.uk

Contact us

If you have any concerns about your treatment please contact the anticoagulation team at the Royal Cornwall Hospital:

Monday to Friday 9am to 5pm on:
Tel: 01872 253597

Outside the above hours contact the 111 telephone advice service.

Continued overleaf

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

RCHT 1663
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Reviewed 12/2024 V2 **Review due 12/2027**