What should I do next?

Even if you don't have exactly the symptoms described in this leaflet, if you have any concerns about the condition of your legs or feet you should have them professionally assessed. In the first instance, speak to your doctor, nurse or local Leg Club, who will give you a thorough examination. This may include a full health check and review of the circulation in your legs.

What is a Leg Club?

Leg Clubs are a research-based initiative which provide community-based treatment, health promotion, education and ongoing care for people of all age groups who are experiencing leg-related problems.

The Leg Club nursing teams are employed by NHS local provider services, CCGs and GP consortia and the nurses incorporate the Leg Clubs into their everyday practice.

No appointment is required and the Leg Club opening hours should be available from the local surgery, community nurses' office, and adverts in the local parish magazine and village shops or from the Leg Club website **www.legclub.org**

Through education, ongoing advice and support from your Leg Club nurses, you will be made aware that care and prevention of recurrence of leg-related problems is for life.

The information contained within this leaflet has been adapted with permission from Professor Mark Whiteley MS FRCS(Gen) FCPhleb at the Whiteley Clinics (www.whiteleyclinics.co.uk).

Visit your nearest Leg Club

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www.legclub.org

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Deep Vein Thrombosis

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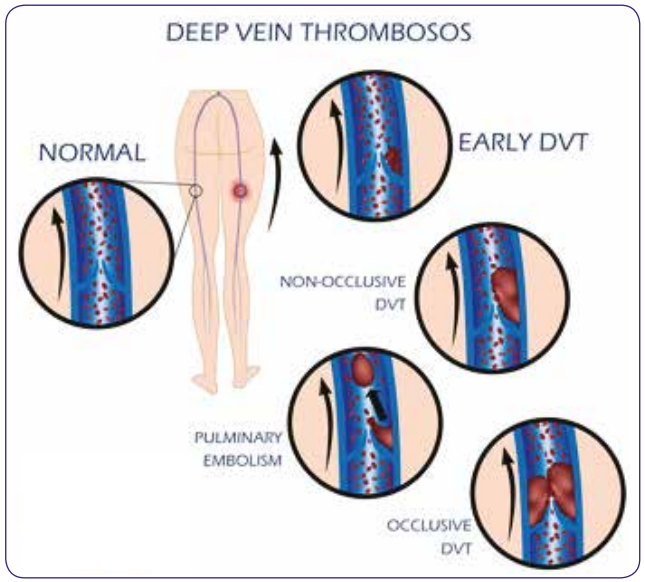
What is deep vein thrombosis?

A deep vein thrombosis (DVT) is an abnormal clot that has formed in the deep veins of the leg or pelvis. They have become feared by the general public for very good reasons. In the short term, large DVTs can move from the leg or pelvic veins and go through the venous system travelling into the heart and then lungs. This is called a pulmonary embolism, which is a very serious medical condition and can even be fatal. In the long term, even when DVT's have been successfully treated, the scar tissue formed in the deep veins can lead to a problem called post thrombotic syndrome (PTS). This PTS can result in discoloured, uncomfortable and swollen legs, which may go on to develop leg ulcers.

Assessment of DVT

If DVT is suspected, you should be assessed using the Wells score; a clinical score to show the likliness of being a DVT. If your score is 2 or more, you are likely to have DVT and will be referred for an duplex ultrasound scan within 4 hours or, if unavailable, have a blood sample taken for D-dimer testing, be given an anticoagulant and referred for an ultrasound within 24 hours.



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If you are unlikely to have DVT (you have a Wells score of 1 point or less), a blood sample will be taken and, if positive, you will be given an anticoagulant and sent for an ultrasound.

Symptoms of DVT

The possible symptoms of DVT can include:

- Tender leg for no obvious reason – can be above knee, below knee or both
- Swelling of the ankle, the ankle and calf, the ankle, calf and thigh or even the whole leg
- A heavy ache in the leg – especially on standing or walking
- Warm skin in the area of swelling
- Sometimes the skin can be a bit redder, but this is more common in phlebitis (inflammation of the vein wall)

DVT usually affects one leg, however it can affect both.

About half of people with a DVT experience no symptoms, and DVT is only diagnosed if a complication occurs.

If you are pregnant or have given birth in the last 6 weeks, you should be referred for assessment and management immediately.

Treatment of DVT

The usual treatment for DVT is to thin the blood using anticoagulants. These include low molecular weight heparins, warfarin or new anticoagulant therapies.

After immediate treatment, if you are not pregnant and do not have cancer you will be given anticoagulant tablets (warfarin or rivaroxaban) to take for 3 months or longer, depending on what caused your DVT. A specialist will choose the best treatment for you and decide how long you need to take it.

Anticoagulant slows the rate at which blood clots by blocking an enzyme involved in producing blood-clotting factors in the liver. If you are given anticoagulant, you will need regular blood tests to make sure you are taking the correct dose because the effects are different in different people. The aim is to slow the time it takes your blood to clot to 2–3 times longer than normal (which is equal to an international normalised ratio of 2–3 when your blood is tested).

Newer anticoagulant therapies, such as Rivaroxaban, is a more modern drug than warfarin. It works in a different way and does not need blood tests or adjustments in dose.

In addition to treatment, it is recommended that you: walk regularly; elevate the affected leg when sitting down; and avoid extended travel or flying for at least 2 weeks after starting treatment. Specialist centres may offer to rescan the leg to make sure the blood is flowing before deciding when to stop treatment.