

## PATIENT INFORMATION

# Reducing the Risk of a Blood Clot for Patients with Lower Limb Immobilisation

When you have your leg held in a certain position by a cast or boot, you are at higher risk of developing a blood clot. This leaflet will help you understand how you might reduce the risk of this happening.

**How does a blood clot form?**

Within the calf muscle of each of your legs there are many veins. As you walk, run or move your feet, these muscles squeeze the veins and blood is moved towards your heart. This is known as the calf muscle pump.

If your leg is held in one position (immobilised) as in a cast or appliance, the calf muscle is less efficient. This can lead to blood collecting in the veins, which in turn can lead to a blood clot forming. This type of blood clot is known as a Deep Vein Thrombosis or DVT.

A DVT itself is not necessarily life threatening, but if a part of it breaks off and travels to the lung leading to a Pulmonary Embolism (PE), this is a serious condition that can be fatal if not treated.

The collective name for DVT and PE is Venous Thromboembolism or VTE

**Am I at risk of a blood clot?**

Anyone can get a blood clot but having your leg immobilised in a cast or appliance is a risk for VTE but some people are at a higher risk. You may be at increased risk if:

- You are over 50 years old
- You are dehydrated
- You take certain medications, including the combined oral contraceptive pill ("the pill") or use a contraceptive patch, or hormone replacement therapy (HRT)
- You smoke
- You have an Achilles tendon rupture
- You are overweight
- You have cancer, heart disease or lung disease

- You have a disorder that makes you blood more likely to clot, a thrombophilia
- You have varicose veins
- You or a close member of your family has previously had a blood clot
- You are pregnant or have had a baby in the last six weeks
- You have had a hospital stay in the last six weeks

### **How can the risk of developing a VTE be reduced?**

A doctor or nurse will complete an assessment to work out your individual risk and benefit. If treatment is required and there are no contra-indications, you may be offered medication which helps to reduce the risk of clot formation. This will be in the form of an injection, Fragmin (dalteparin), which is given daily under the skin or a daily tablet, Rivaroxaban. You should continue to take this until you are told by your doctor or nurse to stop. This will usually be until the cast/boot has been removed.

Whether you have been prescribed a medicine to reduce the risk of clots or not, you should take the following precautions:

Try to keep moving around as much as possible (unless you have been advised otherwise)

Drink plenty of fluids to avoid dehydration

Take pain killers regularly, as needed.

### **Are there any side effects of taking an anticoagulant?**

As anticoagulants thin your blood, it can make you bleed more easily. If you are at risk of bleeding problems, your doctor may decide not to prescribe this medication. You should also read the information leaflet in the pack as it will tell you more about the side effects.

### **Is there anything I should look out for when I'm taking an anticoagulant?**

Whilst you are taking an anticoagulant, you must go to hospital straight away if you notice:

- You are bleeding a lot from a wound
- You have a swelling around a wound or anywhere else
- You have a sudden very bad headache
- You have a tenderness or swelling in your stomach

You should tell a nurse or doctor as soon as possible if you notice:

- You are bruising more easily than you normally do
- You feel more weak, tired or short of breath than normal

## **What will happen if I don't take my anticoagulant?**

If you do not take anticoagulant, then there may be more chance that you will develop a blood clot while your leg is immobilised. Using an anticoagulant is not a guarantee to stop you getting a blood clot.

You should take your medication each day at the same time. You should carry on taking the medication until your plaster/boot has been removed and you have returned to your normal levels of mobility, unless a doctor tells you to stop. The A&E doctor will prescribe 10 days of medication, enough until you are seen in fracture clinic, where the doctor will then prescribe enough medication to complete your course of treatment.

## **What should I do if I take more than I should?**

If you have more than one dose in a day, then you should tell your doctor

## **What should I do if I forget to take the medication?**

If you remember the same day, then take the dose. If you remember the next day, then take your dose when it is next due. DO NOT take more than one dose a day.

## **What should I know about Fragmin (dalteparin)?**

Fragmin belongs to a group of medicines called low molecular weight heparin. Fragmin comes in the form of an injection which is given daily under the skin in the stomach. As with all medications, the injection can have side effects. Most people experience some discomfort and bruising around the injection site.

You should not have Fragmin if you have had a condition called 'heparin-induced thrombocytopenia' (a decrease in the number of platelets in your blood caused by heparin). Your doctor will have told you if you have this.

## **What should I know about Rivaroxaban?**

Rivaroxaban has not been approved to prevent blood clots in people with plaster casts, but it has been approved to prevent blood clots in other patients, for example after hip or knee replacement surgery and for those who have irregular heartbeat.

You may have heard this called 'off label' or 'unlicensed' use of rivaroxaban. At this hospital senior doctors and pharmacists have decided that it is safe to use rivaroxaban in this way. If you are unhappy with taking rivaroxaban talk to your doctor, nurse or pharmacist. There are other medicines that could be used (such as heparin injection).

**YOU MUST NOT TAKE RIVAROXABAN IF YOU ARE PREGNANT OR HAVE SEVERE PROBLEMS WITH YOUR KIDNEYS. THERE ARE OTHER MEDICINES THAT CAN BE USED INSTEAD (such as heparin injections).**

## **What are the signs and symptoms of a blood clot?**

DVT:

- Pain or swelling in your legs
- Change to the colour of the skin on your legs (red, purple, blue) or feels hot
- Numbness or tingling in your feet

PE:

- Shortness of breath
- Pain in your chest, back or ribs which is worse when you take deep breaths
- Coughing up blood

If you develop any signs of a blood clot you should contact your GP **immediately**. If you have severe shortness of breath or chest pain **dial 999** for an ambulance

**IF YOU NEED TO SEE A HEALTH PROFESSIONAL FOR ANY REASON WHILST YOU ARE TAKING AN ANTICOAGULANT, YOU MUST TELL THEM.**

You should also be seen in fracture clinic within 10 days of starting this medication. If you have not been seen, please contact fracture clinic on 01803 655136

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.