

## Patient Information

# Haematology

## Reducing the risk of further blood clots after stopping anticoagulation medication

### When do I stop taking my anticoagulation medication?

Your doctor or nurse has told you when you can stop your anticoagulation medication. It will be written in the clinic letter and a copy of it will be sent to you. If you were taking medications such as aspirin or clopidogrel before having your blood clot, please discuss whether you should restart this once you have stopped your anticoagulant medication with your GP as soon as possible.

### How can I reduce my risk of having further blood clots?

Here is some general advice on how to reduce your risk of blood clots:

- Be active and mobile
- Keep well hydrated
- If you go on any long distance journeys that will last longer than 2 hours, you should:
  - wear loose fitting clothing and flight socks (Class 1 Compression).
  - Plan breaks every 90 minutes if you are driving, during which you should walk about for at least 20 minutes.
  - If you are travelling by train, try and walk about as much as possible during the journey.

When flying the advice below should be followed:

- walk about as much as possible once you have checked in
- aim to have an aisle seat
- store your luggage overhead so that you have room to stretch your legs
- wear loose fitting clothing and flight socks
- avoid taking sleeping tablets, caffeinated drinks and alcohol but maintain a good fluid intake such as with water or juices
- complete the inflight exercises every 30 to 60 minutes
- walk throughout the cabin when safe to do so, walk during flight changes / refuelling stopovers and on arrival at your destination

- If you are wearing compression hosiery (stockings), these should be worn for as long as they are providing benefit. They should be fitted correctly and changed every 3 to 4 months or sooner if they are ill-fitting or laddered.
- Stopping smoking can help to reduce your risk of blood clots.
- Maintaining a healthy weight can also help to reduce your risk.

### **Female patients and first-degree female relatives**

If you are a female patient, please note the following advice. Your first degree female relatives (such as a mother, sister or daughter) should also follow this advice:

- If you become pregnant or plan on becoming pregnant, you will need to be reviewed in the combined Haematology / Obstetric Clinic. Please ask your GP to refer you to this clinic.
- You should avoid the combined oral contraceptive pill. Progesterone only preparations are safe to use, for example the progesterone only pill or Mirena coil.
- If you require medication to help support you through the menopause then you should be referred to a specialist clinician who can advise on the most appropriate treatment given your blood clot history.

### **Will I need to take any medication?**

From now on you may require treatment with preventative medication. This will reduce the risk of recurrent blood clots during the following high risk periods:

- If your leg or foot needs to be immobilised or put into a plaster cast.
- If you have been advised that you require injections when travelling.
- If you have any significant medical illness where you may be in bed or immobile (for example flu), infections and flares of inflammatory conditions (for example rheumatoid arthritis, inflammatory bowel disease).
- Following an operation you may need preventative medications for a period of time, depending on the type of surgery that you have. Please discuss this with your surgical consultant.
- If you are diagnosed with cancer, please discuss any risk relating to blood clots and bleeding with your doctor.
- If you have a positive pregnancy test please contact your GP as you may need to start injections to reduce your risk of another clot.

## **What signs and symptoms should I look out for?**

You will need to watch for the following signs and symptoms of superficial vein thrombosis, deep vein thrombosis and pulmonary embolism.

### **Superficial Vein Thrombosis (SVT) - also known as phlebitis**

- Redness, tenderness, firmness, pain or warmth over a superficial (surface) vein in the leg

### **Deep Vein Thrombosis (DVT)**

- You have pain or a general ache, swelling, warmth or redness of your leg that is new
- Your feet feel numb or there is a tingling sensation
- The veins near the surface of your legs appear larger than normal or are more noticeable

If you have any of the above symptoms for SVT or DVT please see your GP or come to the Emergency Department (A&E) for assessment and treatment as required.

### **Pulmonary Embolus (PE)**

- Breathlessness
- Chest, back or rib pain which can be a sharp pain that gets worse when you breathe in deeply
- Coughing up blood
- Sudden collapse

If you have any of these symptoms go to your nearest Emergency Department (A&E) for immediate assessment and treatment as required or ring 999 as appropriate.

## **Who can I contact if I have any questions?**

The VTE Prevention Clinical Nurse Specialist can be contacted on:

Mobile: 07443 189798

If they are not available, please contact your GP.

**Where can I find more information?**

**NHS Weight Loss programme**

[Lose weight - Better Health - NHS \(www.nhs.uk\)](https://www.nhs.uk/weight-loss-programme)

**NHS**

<https://www.nhs.uk/>

**Thrombosis UK**

<https://thrombosisuk.org/>

**Family Planning Clinic**

0300 123 6644 - Calls are charged at a local rate. Standard mobile charges apply

George Eliot Hospital is a smoke free environment.

For help and advice to stop smoking you can call the national helpline on 0300 123 1044 or visit: <https://fitterfutures.everyonehealth.co.uk/stop-smoking-service/>

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7686 5550 and we will do our best to meet your needs.

If you would like to provide feedback on this leaflet please contact [patient.info@geh.nhs.uk](mailto:patient.info@geh.nhs.uk) quoting the Document ID below.