



If you have unusual chest or back pain, coughing or spitting up blood, or an episode of recent collapse, call 999 immediately and *advise the operator that you have recently been tested for DVT.*

If you are unclear about any of the above instructions, please contact:

Your own General Practitioner (GP)

or NHS24 on **08454 242424**

**Discharge advice for
patients following
attendance with a possible
clot in the leg (Deep Venous
Thrombosis ~ DVT)**

Emergency Department Leaflet

Working with you to make Highland the healthy place to be

Issue No. 1	Derived from national guidance by Lachie Robertson	Date of issue: June 2008 Review date: June 2010
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You have been assessed today

(date: ___ / ___ / ___) for a possible blood clot in your leg(s) using a clinical examination and blood test. The results suggest that you are very unlikely to have such a clot.

Why is my leg sore or swollen then?

You may have been given a specific explanation for this. However, if there is no other obvious cause, the most common explanation is a muscle injury which should go away over the next week.

Can I still have a clot?

The blood test and clinical examination system we use can never completely exclude a clot. The chance of us failing to detect a clot has however been estimated to be very low, (typically less than 1 in 200 for people like yourself who have a sore leg).

Why didn't I get blood thinning drugs?

This treatment is not without risks, such as bleeding. Although these risks are uncommon, they mean we should use the drugs only when there is a clear benefit to outweigh these risks.

Why did I not get any other tests (e.g. an ultrasound scan)?

We feel this is unnecessary because your chance of having a clot is so low.

However, since we can never fully exclude the possibility of a clot (DVT), and in the interests of your own health, **you are advised to return to the A&E Department for further assessment** (and possibly an ultrasound scan) **in certain circumstances – see below.**

What should I look out for?

- Increased pain or swelling in the leg
- Sudden onset of breathlessness that is unusual for you
- Chest and/or back pains that are unusual for you
- Coughing or spitting up blood
- Any episode of collapse
- Fast heart rate, racing pulse or palpitations
- If there is absolutely no improvement in your symptoms, with the treatment given, within the next few days

