

How long will I need to stay on medication?

This depends on a number of things but is around 3 months for most people. Your GP will advise on this.

I'm on Warfarin, do regular INR tests matter?

These are vital to ensure you are taking the correct dose.

Will I feel ill taking either medication?

No, you should not feel unwell. If you do, please consult your GP for advice.

What can I do to prevent it recurring?

- Stay as mobile as possible. If walking is difficult, exercise your legs and feet by flexing your knees & ankles, and rotating your feet.
- Drink plenty of fluids
- Eat a healthy diet and maintain a healthy weight
- Don't smoke
- Consider compression socks when travelling

Why have I been referred to GP Care?

GP Care provides this community-based service for the NHS, which has been put in place to enable you to be treated safely in a more convenient setting. However, you may still need to attend hospital if you have other medical problems which make community treatment more difficult. Your GP will advise you if this is necessary.

Contact Details

To contact our DVT team, please phone **0333 332 2104**.

If you would like to speak to our Clinical Matron, Jackie Adams, call on **0117 957 6605**, or email jackie.adams@gpcare.org.uk.



GP Care's NHS Community DVT Service

Bristol & South
Gloucestershire

*GP Care providing services on behalf of Bristol
and South Gloucestershire CCGs*

www.gpcare.org.uk

What is a DVT?

A Deep Vein Thrombosis is a blood clot in the leg. DVTs can sometimes lead to complications if the blood clot spreads to another part of the body, particularly the lungs. If a DVT is diagnosed quickly, patients can usually be treated safely at a local GP practice and avoid attending hospital.

How is it caused?

A DVT can be caused by a number of factors including:

- Recent operations or stay in hospital;
- Injury to the leg;
- Periods of reduced mobility;
- Previous family history;
- Long journeys.

How do I know if I have a DVT?

Patients with a DVT may have a painful swollen leg. Your doctor will have assessed the risk of you having a DVT, by asking a number of questions and sometimes also carrying out a simple blood test called a D-dimer test.

If the doctor feels you may have a DVT you may receive an injection of Clexane or an anticoagulant tablet. You will then be sent to a local clinic for an Ultrasound scan. Starting treatment early is safer and can lead to better outcomes.

What can I expect at the appointment?

An Ultrasound scan uses sound waves to assess the flow of blood in your veins and identify any clots. You will be seen by an Ultrasonographer who will scan the full length of your leg. The examination usually takes about 15 minutes, and may cause some discomfort as they press on your veins.

My scan shows I do not have a DVT. What happens next?

A report with the findings from the scan will be faxed to your doctor. You may need to make an appointment with your doctor for further advice.

My scan shows a DVT. What treatment is needed?

If the scan shows a DVT, you will begin treatment immediately with drugs called anticoagulants that “thin the blood”. There are usually two main options:

Direct Oral Anti Coagulants (DOACs) – These are tablets which do not require you to have regular blood tests whilst you are taking them. You will be offered either Apixaban or Rivaroxaban. However, they are not always suitable for all patients.

Warfarin – These are tablets which need to be taken alongside daily Clexane injections until the warfarin has taken full effect. This usually takes about 7-10 days. Whilst taking warfarin, patients need to be carefully monitored. This is done by a blood test (INR) which measures the speed of blood clotting. The INR test can be done on a finger prick blood sample and the result is available immediately.

If you are pregnant or breastfeeding or being treated for cancer, you will continue with daily injections of Clexane as there are risks associated with the oral treatment options for these groups of people.

What will happen at the DVT treatment centre?

If you are prescribed a DOAC, you will need to attend once weekly appointments for three weeks. You can then be looked after by your own GP.

If you are prescribed Warfarin, you will also have daily Clexane injections for at least 5 days and until the INR level is stable. You will then return to your GP, who will continue to monitor the warfarin dose and give you a prescription so you can continue to take it.