

How long will I need to stay on medication?

This depends on a number of things but is around 3-6 months for most people. We 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. However a list of side effects can be found in the medication packet you have been prescribed. If you are concerned, please consult your doctor or pharmacist 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 and 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 closer to where you live and to enable you to carry on with your everyday life. 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 2101**.

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



Community DVT Service

Bristol, North Somerset
and South Gloucestershire

*Service provided by GP Care on behalf of Bristol,
North Somerset and South Gloucestershire CCGs*

What is a DVT?

A Deep Vein Thrombosis is a blood clot in the leg. DVT 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 and/or swollen leg. Your doctor will assess the risk of you having a DVT by clinical examination, asking you some questions and they may also do a simple blood test called a D-dimer.

If the doctor feels you could have a DVT you may receive an injection or tablet to thin your blood. You will then be sent to a local clinic for an ultrasound scan.

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 a qualified Ultrasonographer who will scan the full length of your leg with a handheld ultrasound device. 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 scan report will be given to you and sent 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:

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.

Direct Oral Anti Coagulants (DOACs) – These are tablets which work in a different way to Warfarin so people who take them do not need to have regular blood tests. You will be offered either Apixaban or Rivaroxaban. However, they are not always suitable for all patients.

Low molecular weight heparin (LMWH) – These are injections used to treat pregnant women and people with cancer.

What will happen at the DVT treatment centre?

If you are prescribed Warfarin, you will also have daily clexane injections for at least 5 days and until the INR level is stable. Your own GP or hospital anticoagulation service will continue to monitor the warfarin dose and GP Care will see you again after 3 months of treatment.

If you are prescribed a DOAC, you will be seen again by GP Care after 1 week and after 3 months at a treatment centre of your choice. You will be then discharged from GP Care and continue to be looked after by your own GP.

If you need LMWH you will be taught how to inject yourself. You will be supported until you are confident with this. GP Care will see you after 1 week then again after 3 months of treatment.