Deep Vein Thrombosis and Pulmonary Embolism

Causes, risks, and treatment

What is a deep vein thrombosis?
A deep vein thrombosis (DVT) is a blood clot (thrombus) in one of the veins in your leg or arm. It must be treated right away. This treatment can be given in the hospital, or sometimes at home, so that you do not have to be admitted to the hospital.

What causes a DVT?
DVTs can occur after an injury, after surgery, or after prolonged bed rest or long trips in a car or plane. In some cases, DVTs occur without any apparent cause, or from underlying diseases that increase the risk of blood clotting.

What are the symptoms of DVT?
The most common symptoms of DVT are:
- Swelling
- Pain or tenderness
- Redness or discoloration

DVTs most often occur in leg or groin blood vessels.
What is a pulmonary embolism?
Clots that form in veins can travel to other parts of the body, including the lungs. A blood clot in the lungs is called a pulmonary embolism (PE). This type of clot can be life-threatening. It must be treated right away.

What are the symptoms of PE?
Symptoms of PE include:
- Chest pain
- Rapid heart beat
- Shortness of breath
- Cough
- Fever

How is DVT treated?
DVT is treated with blood-thinning medicines (anticoagulants). For the first 5 to 7 days, you will receive enoxaparin (Lovenox), a drug that works quickly. This medicine is injected under the skin (subcutaneous). You will learn to give yourself these injections, or a family member or friend can learn to give them to you.

You will also begin to take warfarin (Coumadin), an anticoagulant that is taken by mouth. Warfarin takes a few days to take effect.

After 5 to 7 days of taking both medicines, enoxaparin will be stopped. Warfarin therapy may continue for about 3 to 6 months. At times, warfarin is taken longer than 6 months.

What are the side effects of blood thinners?
Anticoagulants can cause side effects. Bleeding is the most common problem. Both enoxaparin and warfarin require careful use and monitoring to avoid bleeding.

Over the next few days, you will learn much more about the use, monitoring, and possible side effects of enoxaparin and warfarin. You will get more handouts and one-on-one teaching to help you learn more.

Your Instructions
Check off each step when done:

☐ 1. Receive an enoxaparin teaching kit.
☐ 2. Read the booklets about enoxaparin (in the kit) and warfarin (given to you by a staff person).
☐ 3. Learn to give yourself enoxaparin by subcutaneous injection.
☐ 4. Fill your prescriptions for enoxaparin and warfarin.
Questions?
Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Anticoagulation Clinics:
- University of Washington Medical Center: 206-598-4874
- Seattle Cancer Care Alliance: 206-288-6756
- Harborview Medical Center: 206-744-2976

5. Take your medicines exactly as told.
6. Return to ___________________ (location) for anticoagulation management on ___________ (date) at ________ (time).
7. Return to ___________________ (location) to see your care provider on ___________ (date) at __________ (time).
8. Return to the Vascular Lab for a follow-up exam on ___________________ (date) at __________ (time).

When to Call the Doctor
Call your care provider ___________________ (name) right away, at ________________ (phone number) if you:

- Fall or hit your head.
- Have an increase in these symptoms in the leg or arm with the DVT:
  - Swelling
  - Pain
  - Tenderness
  - Redness or discoloration
- Have these symptoms:
  - Chest pain
  - Rapid heartbeat
  - Shortness of breath
  - Cough
  - Fever
  - Coughing up, spitting up, or throwing up blood
  - Blood in your urine (urine is pink)
  - Blood in your stool (stool is bright red, or dark and tarry)
  - Unusual bruising or bleeding for unknown reasons
  - Bleeding from cuts or wounds
  - Bleeding from your nose
  - Bleeding at sites where enoxaparin has been injected

If you cannot reach your care provider, go to the nearest emergency room and explain that you have a blood clot.