

If you require further advice, or are not sure, then please contact your GP or phone 111.

Clot prevention after lower limb immobilisation

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Na żądanie ta ulotka może zostać udostępniona w innych językach/formatach.

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

 /sthknhs  @sthk.nhs
www.sthk.nhs.uk

Author: ED Consultants
Department: A & E
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Blood clots or venous thromboembolism (VTE) can be a complication of having a limb immobilised in a plaster cast, splint or protective boot.

Blood flowing in veins is normally helped along by walking because muscle action squeezes the veins.

This doesn't happen as well when your leg is immobilised which can increase your risk of blood clot forming.

1 in every 50 people will develop a clot

Patients at risk of VTE

Certain patients are more at risk of VTE:

- Body mass index of over 30
- Previous history or family history of VTE
- Age over 60
- Pregnant or recently pregnant
- Active cancer

Patients in the above groups who are not at risk of bleeding will be offered medication to reduce the risk of VTE.

Medication to reduce the risk

This hospital prescribes daily injections of clexane for those patients who are at higher risk of VTE.

You need to continue the clexane until the plaster cast or splint are removed so this could be for several weeks.

Before you go home from the Emergency Department you will be shown how to inject yourself.

Alternatively if you'd rather, a relative can do the injection for you.

Recognising VTE

Symptoms that can suggest a clot include:

- Area affected by the blood clot may become swollen or painful and possibly turn red or feel hot to touch.
- Sometimes bits of clot can break up and lodge in the lungs causing a pulmonary embolus (PE) causing chest pain, difficulties in breathing and/or coughing up blood

If you experience such symptoms you should phone 111 for advice.

Preventing VTE

It's difficult to predict who will get a blood clot.

There are steps that can help to reduce your risk:

- Drink plenty of fluids
- Stop smoking—this will also help with bone healing
- Mobilise as much as possible

Try and wiggle your toes while lying in bed.

Do this for 10 seconds and as often as you can. This promotes blood flow.

If the cast is below the knee then you should regularly bend and straighten your knee.

Actively try to contract the muscles of your calf and thigh. Again do this as often as you can.