



Surgery and venous thromboembolism (VTE)

Before you are admitted to hospital for surgery, it is important to be aware of the risk of developing a condition called thrombosis, which may be increased during your hospital stay for various reasons. This leaflet will explain how the risk of developing a condition called venous thromboembolism (VTE) can be reduced and is a helpful guide to use before, during and after your stay in hospital. Detailed information and explanations will be given to you in person by our staff so please don't hesitate to ask if you have any questions or need further information.

What is thrombosis?

When we cut ourselves, we bleed. To stop us from bleeding too much the body triggers a protective blood clotting mechanism and a scab forms on our skin. Sometimes a clot can occur inside a blood vessel in the body rather than on the skin. When this happens, it can slow down the flow of blood in that part of the body. This condition can cause pain, discomfort and lead to long term problems in the limbs and lungs. In some cases, it may even be fatal.

What is venous thromboembolism (VTE)?

Venous thromboembolism can present itself as either deep vein thrombosis (DVT), or a pulmonary embolism (PE). In general, eye operations pose a very low risk of DVT and PE but as there are many risks for developing a VTE, nearly everyone coming into hospital for surgery is considered to be at increased risk.

Deep vein thrombosis (DVT):

This is when the clots form inside the veins of the leg, blocking blood flow and making the leg swollen and painful. A pulmonary embolism (PE) is a potentially serious condition, occurring when these clots break off and become lodged in one of the arteries of the lung. It can cause pain, breathlessness and lack of oxygen in the blood.

Who is at particular risk of developing VTE?

Those who are immobile (cannot move) are at higher risk but many other factors may increase a person's risk. Examples include you or your family having a previous history of DVT or PE. Other



conditions such as cancer, heart failure, respiratory disease and some medications e.g. certain contraceptive pills, HRT etc can also increase risk. We will assess your risk of VTE on your admission and plan any treatment you may need to reduce this risk.

What can I do to reduce the risk of developing DVT and PE?

Before surgery

- Keep mobile – move around as much as possible in the weeks leading up to your surgery.
- Talk to your doctor if you are taking the contraceptive pill or hormone replacement therapy (HRT), as these medications may increase your risk of DVT. Your doctor may advise you to stop taking them in the weeks leading up to your surgery.

On the day of surgery

On your admission to hospital for any medical or surgical treatment, you will be assessed using a standardised tool. This will indicate what needs to be done to reduce your risk of DVT and PE and includes:

- **Mobilisation:** Moving around as soon as possible after surgery is important and in many cases will be the only measure you need to take to reduce your risk of DVT.
- **Special stockings:** Thrombo Embolus Deterrent Stockings (TEDS) have been shown to reduce the risk of DVT. If your

team thinks stockings would be helpful you will be fitted with a pair.

- **Intermittent pneumatic compression:** If your assessment shows this is needed, the theatre team will perform this during your surgery. This is normally only used during general anaesthesia and your calves will be squeezed gently to encourage blood flow.
- **Medication:** If we think you are at high risk of VTE, then we may give you some medication that stops your blood from clotting too quickly. The drug we normally prescribe is given at hospital via an injection under the skin once or twice a day. Please remember to tell your doctor if you are already taking an anticoagulant medication.

After surgery

If you are prescribed an anticoagulant, this may be stopped when you are discharged or very rarely you will be instructed to continue taking it for a while at home. If you have had stockings fitted, you should continue to wear these until you are fully mobile. We also advise that you try not to become dehydrated and keep as active as you can.

When to seek help

If you think you may have VTE, you should get medical advice immediately,





either from your GP or local A&E. If you happen to have developed DVT or PE, anticoagulant medication is very effective at treating the problem.

Possible symptoms to look out for include:

- unexplained pain and swelling in your legs.
- chest pain when you take a breath.
- breathlessness.
- coughing up blood.

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Moorfields Eye Hospital NHS Foundation Trust
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Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)
Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help you with any concerns you may have about the care we provide, guiding you

through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs