

What You Need To
Know About...

Preventing A Blood Clot After Hip or Knee Replacement Surgery

This booklet explains the risks and what you and your doctor can do to reduce the risk of developing a blood clot (Venous Thromboembolism or VTE) after an operation to replace a hip or knee joint



AntiCoagulation Europe

AntiCoagulation Europe is the largest independent charity committed to the prevention of thrombosis and to providing information and support to help people maintain their quality of life whilst on anticoagulant and antiplatelet therapy.

Our quarterly magazine, INReview, brings you up to the minute information and articles. We have a range of information leaflets and a comprehensive web site helps you to learn more about your condition and the medication you are taking. To request a free copy of INReview write or email to the address on back page.



We offer standard or gold membership.

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Carrying medical ID can be vitally important when you are taking medication. It enables emergency services to quickly and accurately determine your medical history, as well as the medication you are taking. The card also provides your name and a contact telephone number. It can also be a useful memory tool when you are discussing your condition with medical staff. It can be updated.

What is VTE?

VTE or venous thromboembolism is the medical name for a potentially serious condition that can develop after orthopaedic surgery, such as a hip or knee replacement operation. VTE is a major health risk and the number one cause of preventable death for hospitalised patients in the UK.

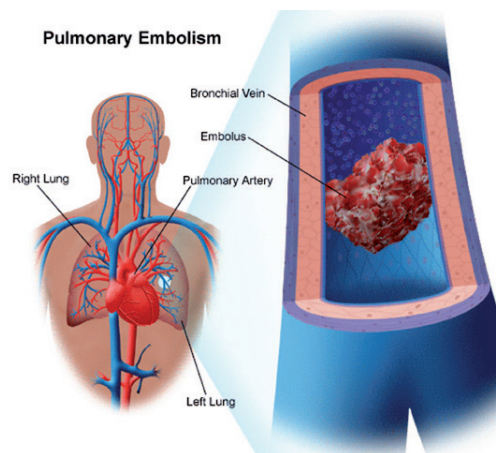
VTE is a collective term for two conditions:

Deep Vein Thrombosis (DVT): A blood clot inside a deep vein – most commonly a deep vein in the leg – that blocks the flow of blood

Pulmonary Embolism (PE): A potentially fatal complication where the blood clot breaks loose and travels to the lungs



A DVT may cause swelling and redness of the leg



Pulmonary embolism is a clot that travels from the leg to the lungs

Did You Know?

Without preventative treatment up to up to 60% of patients who have a hip or knee replacement would develop Deep Vein Thrombosis and 10% would develop a potentially fatal Pulmonary Embolism

Why should I be concerned about blood clots?

Patients who have had their hip or knee joint replaced are at high risk of developing blood clots for a period of time after their operation. Diagnosis can be difficult as up to half of people with blood clots have either no symptoms or no specific symptoms at first.

Because it is so difficult to predict whether a patient will develop blood clots after their operation, simple treatment to prevent a blood clot developing in the first place is now regarded as the best, and most cost effective, medical practice. In fact, the government's Chief Medical Officer and the National Institute for Health & Clinical Excellence (NICE) issued guidance in April 2007 which states that every patient admitted to hospital should be risk assessed to decide whether they should receive thromboprophylaxis (treatment to prevent blood clots).

However, a recent study has shown that not all patients at risk of blood clots actually receive treatment to prevent them as the risk can be underestimated by medical staff.

What is thromboprophylaxis?

The good news is that preventing blood clots in many patients having hip or knee replacement operations is possible through the use of simple treatment to prevent blood clots (called thromboprophylaxis, pronounced throm-bo-prof-il-axis) during the hospital stay of the patient, and often continuing after the patient has gone home.

There are two main types of thromboprophylaxis:

Chemical: Treatment with anticoagulants. This can be given as injections of low molecular weight heparin (LMWH), or in tablet form, as new oral agents have also been introduced as an alternative to LMWH heparin injections.

Mechanical: Foot pumps, with or without graded elastic compression stockings, (sometimes called anti-embolism or surgical stockings)

The Department of Health has published a Risk Assessment tool which states that “Risk assessment is recommended for all patients on admission to hospital. It is recommended that all patients are periodically reassessed during inpatient stay as their level of risk may change.”

Current guidelines also recommend that patients having knee replacement surgery who are at risk of developing blood clots should receive thromboprophylaxis for 10-14 days after surgery. The guidelines recommend that patients having hip replacement surgery should receive thromboprophylaxis for to 28-35 days after surgery. This may mean that your treatment will continue after you go home from hospital.

Why should I be concerned about blood clots?

Anticoagulation Europe believe that people having hip or knee replacement operations need to be made aware that they may be at risk of blood clots and know what questions to ask before they are admitted to hospital. There are a number of risk factors which can increase your likelihood of developing a blood clot after hip or knee replacement surgery.

Before your operation you should discuss your risk of developing blood clots with your GP before you go into hospital and also with the nurse or doctor at your pre-assessment clinic at the hospital. See the box for the risk factors for developing blood clots. Do any of them apply to you?

Risk Factors for developing blood clots

- If you are aged over 60 years old
- If you have had a deep vein thrombosis or a pulmonary embolism in the past
- If you have certain types of cancer or heart disease
- If you have vein disease (such as varicose veins)
- If you smoke
- If you are taking treatments containing oestrogen (such as HRT or the combined contraceptive pill) or if you are pregnant
- If you are obese
- If you have a genetic condition which means you are prone to developing blood clots (inherited thrombophilia)

What other questions should I ask my doctor?

Before you are admitted to hospital, there are some very simple questions you can ask. If your doctor seems busy, don't be put off, just ask when there is a more convenient time to discuss your risk of developing blood clots – he or she should be happy to reassure you that throughout your treatment you will be assessed, monitored and treated as appropriate by the medical team.

Questions To Ask Your Doctor

- What is my risk of developing a blood clot after my knee or hip replacement surgery?**
- What treatment will I receive to lower my risk?**
- Will I be measured and fitted with elastic compression stockings?**
- Will I need to take anticoagulants – and for how long?**
- Does the hospital have facilities on site to diagnose VTE?**

What should I look out for after I have left hospital?

On the next page you will find a list of the most common symptoms of a deep vein thrombosis and pulmonary embolism. If you develop a blood clot you may experience some or all of these symptoms.

However, please remember, it can sometimes be difficult to diagnose blood clots as some people may have no specific symptoms. Additionally, you may experience some pain and swelling as a result of your hip or knee replacement operation itself.

You should contact your doctor immediately if any of the symptoms of deep vein thrombosis or pulmonary embolism occur, or if you are at all worried about any symptoms you have after your operation.

Remember a pulmonary embolism can be fatal and requires urgent medical attention.

Symptoms of Deep Vein Thrombosis

- ❑ Swelling of the affected leg
- ❑ Pain in the affected leg - the pain may only be noticeable, or get worse when standing or walking
- ❑ Reddening of the affected leg

However, if you develop any of the following symptoms you must seek urgent medical help as they could indicate a pulmonary embolism (PE).

Symptoms of Pulmonary Embolism

- ❑ Chest or shoulder pain
- ❑ Shortness of breath
- ❑ Cough with blood streaked mucus

More information

For more information or to receive a copy of our magazine please write or email us at the address below.

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Sponsored by an unrestricted educational grant from Boehringer Ingelheim

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any questions you may have for the doctor or nurse**

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