

Use of anti-embolism stockings

DOS	DON'TS
Wear stockings day and night	Never roll down the tops of the stockings (can restrict blood flow)
Remove stockings for a maximum of 30 minutes every day for washing/ bathing	Don't wash stockings in temperature exceeding 75 degrees Celsius
Use non-perfumed moisturiser on your legs and feet	Do not exchange stockings with another patient
Check feet and legs daily for blisters, redness, sores/ wounds	
Remove stockings if you experience tingling or numbness and inform the nurse or doctor	
Remove if the stockings feel too tight, painful or the skin is sore or discolored and inform the nurse or doctor	
Ensure the stockings are not wrinkled (can cause skin and tissue damage)	

Administering Low-Dose Heparin injections

- The nursing staff will demonstrate to you and your family how to inject the heparin at home.



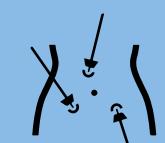
- Wash hands with soap and water before and after injecting heparin.



- Administer heparin at approximately the same time every day (usually 6 p.m.).



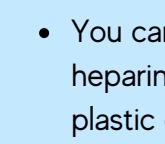
- Follow the instructions on how long to take the heparin (e.g. 5 days).



- Choose an appropriate site on the abdomen to inject the heparin.



- Choose a different injection site each day.



- You can discard the used heparin syringe in a used plastic container (e.g. plastic bottle).



- Avoid injecting near the belly button or around bruises or scars.

PREVENTING BLOOD CLOTS



Deep Vein Thrombosis and Pulmonary Embolism



Patient Information

This brochure contains information that will help you and your family reduce your risk of developing a blood clot during and after your hospital stay.

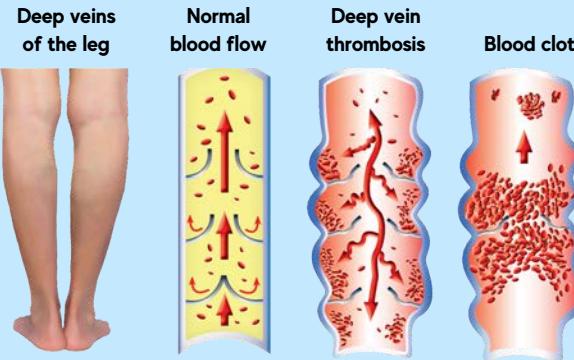
What is Venous Thromboembolism VTE?

There are two types of VTE:

1. Deep Vein Thrombosis (DVT): a blood clot (thrombosis) that forms in a deep vein, most commonly in the legs.
2. Pulmonary Embolism (PE): if all or part of the DVT breaks off and passes through your blood vessels, it can reach your lungs.

Signs & Symptoms of VTE

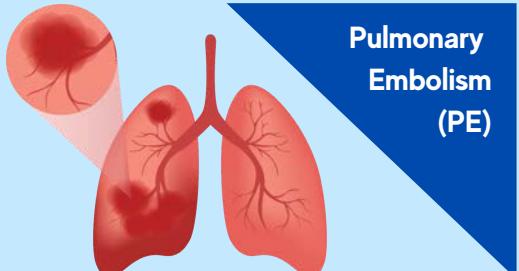
Deep Vein Thrombosis (DVT)



DVT - Symptoms can include swelling, redness/discoloration, warmth and tenderness/pain that may worsen when walking or standing. Occasionally, there are no symptoms except pain. Long-term complications include permanent leg swelling, leg ulcers, painful/aching legs and changes in skin colour.

PE - Symptoms can include coughing, chest pain, breathlessness, blood-stained phlegm and collapse.

VTE's often occur in people who are moving around less than they usually do and can occur on admission to hospital.



Am I at risk of developing VTE?

Patients who are at the **highest risk** of developing a blood clot are those:

- with major injuries
- with serious medical illnesses
- who have had major surgery

Patients at higher risks than others include:

- Past history of VTEs
- Cancer and its treatment
- Overweight
- Reduced mobility
- Combined contraceptives
- Hormone replacement therapy
- Recent surgery (hip/knee)
- Age over 60 years
- Pregnancy or given birth in the last six weeks
- Dehydration
- Smoking
- Varicose veins with phlebitis
- Sickle cell disease/ trait
- Family history of blood clots
- Known blood clotting disorders (thrombophilia)
- Long distance travel of more than four hours within the last eight weeks

Do the following leg exercise

(especially if you are continuously in bed)

Do this exercise two to three times an hour:

Lying on your back or sitting on your bed, bend and straighten your ankles quickly 10 times.



Remember to keep your knees straight to stretch your calf muscles.

Report any of the following symptoms immediately to the nurse or doctor:

- Breathlessness
- Chest pain
- Tenderness, swelling or pain in your calf area
- Bleeding or unexplained bruising (if you are given heparin)

How can I reduce my risk after going home from hospital?

Continue to drink plenty of fluids and non-alcoholic beverages to keep hydrated and move around as much as you can. You can also continue to do the leg exercises you practiced in the hospital.