

## Call 999 if you have the following symptoms:

- Sudden breathlessness
- A collapse episode
- Feeling your heart racing or palpitations.

And explain you are at risk of a PE because of your recent injury.

### Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

To be completed by the Communications office  
Leaflet code: PIL202512-04-DVTLLI  
Created: March 2020 / Revised: December 2025 / Review Date: December 2027

## INFORMATION FOR PATIENTS

**Avoiding  
deep vein thrombosis  
(DVT)  
and pulmonary embolism  
(PE)  
with  
lower limb immobilisation**

**You have been discharged from the Emergency Department with your leg immobilised. We would like to warn you about deep vein thrombosis (DVT), a potential complication of being less mobile that might show up once you are at home.**

### **What is a DVT?**

DVT occurs when blood clots form in the veins returning blood from the leg back to the heart. Most often this shows up as a painful swollen leg. You may notice an ache in one calf or thigh, see redness in the skin, or see veins swollen more than usual in the calf. Sometimes the blood clot can move to the lungs (called a pulmonary embolism or PE), which can be dangerous. This might show up as unusual shortness of breath, or sharp stabbing pains in your ribs.

### **Who is at higher risk?**

While you were in the Emergency Department you will have had your individual risk of DVT assessed. You may have been given tablets or injections to try and prevent this problem.

Patients who have a higher risk for DVT or PE include those who have had surgery to their legs or pelvis, patients with cancer, with heart failure, or lung disease, recent birth or Caesarean section, HRT or contraception, or who have had a personal or family history of thrombosis.

Some familial illnesses such as Sickle cell, or Thrombophilia also do this. The risk is generally higher in people with poor mobility, and with increasing age.

### **How can I reduce the risk?**

Staying active helps to avoid this sort of clot. This means walking as much as you are able to, once you get home. Take your doctor's advice about how much weight to bear in your immobilised leg. If you are unable to walk, then please talk to your doctor or nurse about how we can help. If you are normally unable to walk, then the risk of DVT is lower than if you are suddenly unable to walk. Other ways to reduce your risk of blood clots include drinking enough watery drinks (including tea or coffee), avoiding alcohol, and avoiding smoking.

Contraceptive pills and HRT can increase the risk of clots, but not as much as pregnancy will do - please talk to your doctors if this is relevant to you.

### **Exercises:**

- Move your toes at least three times a day aiming for 10 seconds each time to promote blood flow.
- Regularly bend your knee (if your cast/boot allows).

### **How long will I need treatment?**

If you have been prescribed preventive tablets or injection, you will need to stay on these until your cast or boot is no longer needed. The Emergency Department will prescribe the first few days of medication, then the orthopaedic doctor in fracture clinic will prescribe further medication if you need to continue with immobilisation.

### **When should I seek medical advice?**

DVT and PE are rare complications of having your leg immobilised – about 1 in 50 people.

Treatment reduces this risk to 1 in 100 people. However, they can still occur even if all the right steps are taken to try to prevent it. Please don't be too anxious, as although potentially dangerous, diagnosis and treatment of these blood clots is relatively straightforward when they do occur.

**If you experience severe swelling of your leg or it becomes suddenly very painful, you have sharp chest pain or start coughing up blood, see a GP or attend your local Emergency Department making it clear that you are worried about DVT/PE.**