Deep Vein Thrombosis (DVT)

A Deep Vein Thrombosis (DVT) is a blood clot that forms in the large veins deep in the muscle of the arms or legs. DVT may be caused by problems within the vein itself, problems from outside the vein, slow flow of blood in the veins, or problems with the blood itself.

Causes of DVT

- Injury to the inside of the vein, due to trauma, or previous clots, or disease processes.
- Compression from outside the vein limiting venous blood flow.
- Slow blood flow due to immobility, for prolonged periods, after surgical procedures, anaesthetics or some medical conditions.
- A tendency for the blood itself to clot, due to genetic tendencies or medical disorders.

Deep vein thrombosis or DVT is an important complication of any type of surgery. The incidence of DVT may be higher if you have;

- a previous thrombosis.
- a family history of DVT.
- an inherited blood disorders.
- the birth control pill or having hormonal therapy.
- a history of cancer.

Symptoms of DVT

DVT may be asymptomatic or may cause pain and swelling or redness and inflammation in the leg or arms and in a small proportion of cases it can result in a clot breaking off and travelling to the lungs with associated chest pain or shortness of breath (causing a pulmonary embolus), which can be ***fatal.***

Investigation for DVT

If a DVT is suspected your vascular surgeon will arrange:

- a number of blood tests and scans.

- a quick, painless and non-invasive ultrasound scan, can diagnose and monitor a clot
- other investigation to investigate and identify causes of a clot, including;
    - Venography, injecting dye into the veins to investigate or treat the DVT.
    - Computerized Tomography (CT) Scan
    - Magnetic Resonance Imaging (MRI/MRA)

Treatment of DVT

A DVT can be a life-threatening event, and it is essential to diagnose early and initiate treatment as soon as possible. Treatment usually includes wearing compression stockings, and blood thinners in the form of injections with low-molecular weight heparin, and tablets such as warfarin, for a variable time, (usually three to six months) and progress scans to monitor the clot. In some cases treatment may include clot-dissolving drugs, depending on your vascular surgeons assessment of risks and benefit.