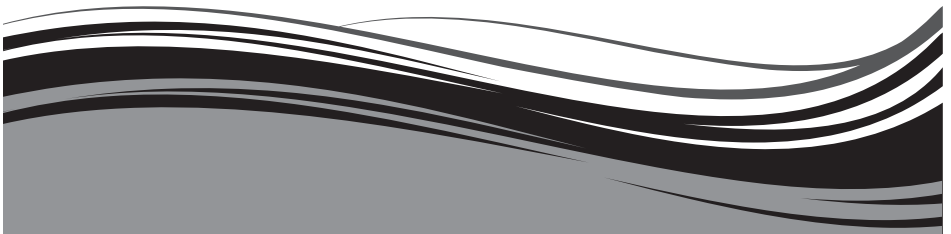


Information for patients who have low risk of Deep Vein Thrombosis (DVT)

Hospital: _____

Contact phone numbers: _____



We have assessed you today (date ___/___/___) for a possible blood clot in your leg(s), also known as DVT. The results from your clinical examination and blood test suggest it is very unlikely that you have a blood clot.

Why is my leg sore or swollen then?

We may give you a specific explanation for this. However, if there is no other obvious cause the most common explanation is a muscle injury which should go away over the next week.

Could I still have a clot?

Yes, as the blood test and clinical examination can never fully exclude a blood clot. However, the chance of us not detecting a clot is very low, for example 1 in 200 people.

Why didn't I get blood thinning drugs?

Blood thinning drugs can cause problems such as bleeding. Although these risks are rare or small, we only use these drugs when the benefits outweigh the risks.

Why did I not get any other tests (e.g. an Ultrasound Scan)?

We feel this is unnecessary because your chance of having a blood clot is so low.

What should I look out for?

As we cannot fully rule out the possibility of a blood clot, please go to your nearest Accident and Emergency department if you have any of the following:

- Any increase in pain or swelling in the leg
- Sudden breathlessness
- Chest pain or back pain
- Coughing or spitting up blood
- Feeling lightheaded, dizzy or fainting
- Fast heart rate, racing pulse or palpitations
- If there is absolutely no improvement in your symptoms, with the treatment given, within the next few days.

If you have chest or back pain, coughing or spitting up blood, or collapse, call 999 immediately and tell the operator that you have recently been tested for DVT.

If you are unsure about any of these instructions, please telephone your GP or one of the following numbers:

Monday to Friday, 9.30am – 5.00pm:

Weekends and evenings:
