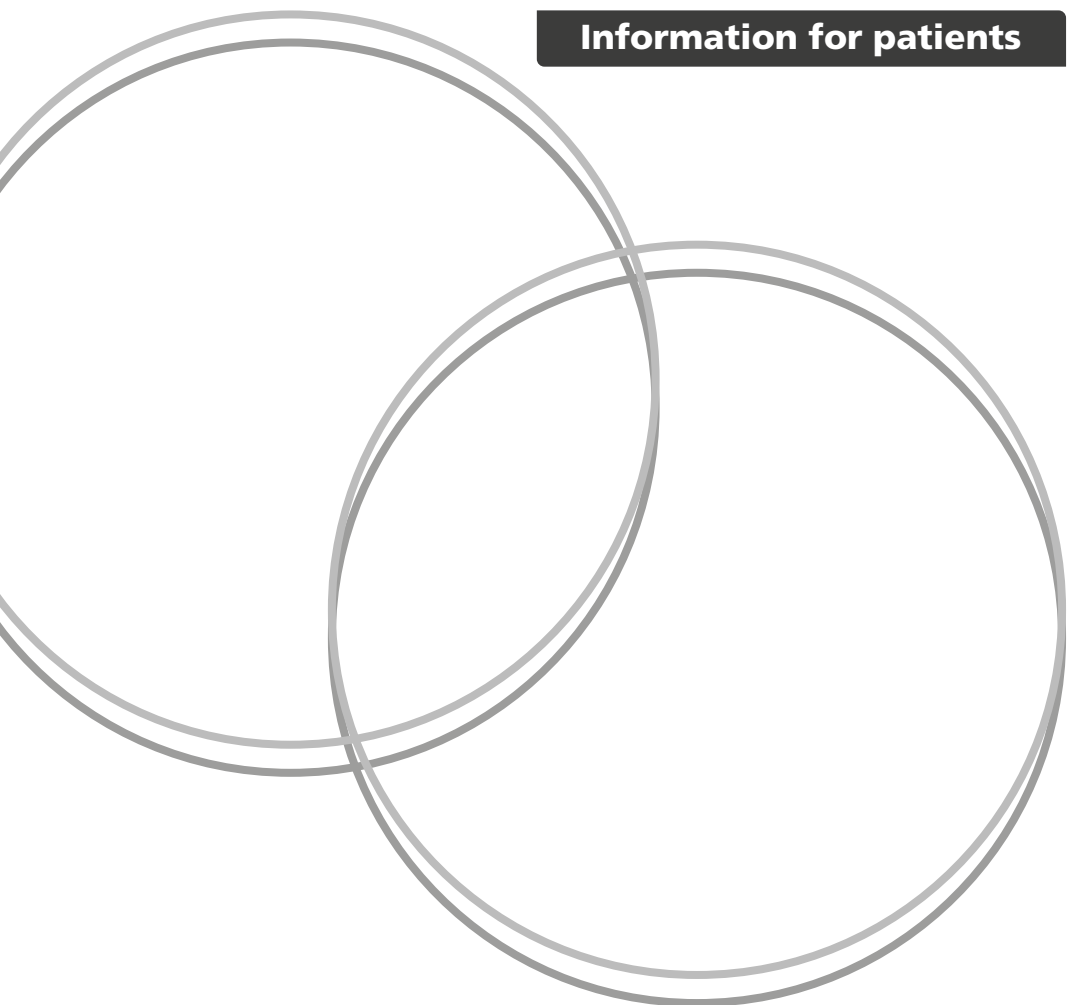




Oxford University Hospitals
NHS Foundation Trust

Information for People at Risk of Post-Thrombotic Syndrome

Information for patients



You have been given this leaflet because you have been diagnosed with a suspected previous or confirmed current deep vein thrombosis (DVT). You can read more about DVT in the leaflet 'Information for patients with a thrombus (clot)'.

One of the most common complications of DVT is post-thrombotic syndrome (PTS). It is important that you are aware of the signs and symptoms of PTS, so that you know how and when to seek help.

What is post-thrombotic syndrome (PTS)?

A DVT causes a blockage in a deep vein in your leg, which affects the blood flow returning from that leg back to your heart. A DVT is initially managed with anticoagulation medication, which stops the blood clotting as quickly as normal. Sometimes, despite this treatment, the DVT may not fully resolve resulting in some residual blockage. The valves in the veins that usually prevent backflow become damaged which can lead to symptoms of PTS.

PTS occurs in up to 50 in every 100 people who have had a DVT, but this number can vary. For most people, this happens within 6 months to 2 years after the initial DVT. However, some people develop symptoms up to 5 years later.

PTS is a chronic condition, which means symptoms may continue for many months or years.

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What can increase the chances of developing post-thrombotic syndrome?

Anyone who develops a DVT is at risk of post-thrombotic syndrome. This risk is increased if you have had a DVT in your upper leg (above your knee), or if you have had more than one clot in the same leg. The risk is also higher if you are overweight.

If the DVT is left untreated, PTS is much more likely.

It is very important that you take the full course of any treatment you have been prescribed for your DVT.

What are the signs and symptoms of PTS?

Post-thrombotic syndrome can cause the following signs and symptoms in the affected leg:

- pain, cramps and heaviness
- pins and needles
- itchiness
- swelling
- skin changes, including brown discolouration (hyperpigmentation) around the ankle
- development or worsening of varicose veins
- skin ulcers (in severe cases).

You may experience one or more of these symptoms, and they may vary in severity.

The pain, heaviness and swelling of the leg in PTS is often worse after sitting or standing for long periods. It is usually helped by walking or sitting/lying with your legs raised/horizontal.

If severe PTS remains untreated, it can lead to skin ulceration, particularly around the ankles.

Diagnosing PTS early can make it easier for us to help prevent your PTS from getting worse.

Can I do anything to help myself?

It is important to let your GP know if you experience any of the symptoms in this leaflet.

There are several things you can do to help with the symptoms of post-thrombotic syndrome whilst you wait to see your GP. These include:

- raising your affected leg when sitting
- doing regular exercise, which can improve PTS symptoms
- trying to lose weight (if you are overweight). Increased weight puts more strain on the veins in the legs
- avoiding dry skin on your legs, by washing and moisturising your legs regularly. Dry skin is more easily damaged
- taking painkillers if required
- not leaving any leg wounds to heal by themselves, even if they appear small. Small bites or scratches can soon develop into ulcers. It is important to get prompt advice from your GP or Practice Nurse if you discover any wounds on your legs.

What is the treatment for post-thrombotic syndrome?

If you develop PTS an assessment tool, called the Villalta scale, will be used to measure how severe it is. The result of this will be explained to you by your treating team.

Treatment options for post-thrombotic syndrome include:

Non-surgical management

This uses compression stockings and exercise to manage the symptoms of PTS.

Compression stockings help with the blood flow in your legs and may improve some of the symptoms of PTS. Your GP's surgery can prescribe the stockings. You will need to replace them at least every 3 to 6 months, or if they become damaged and lose elasticity. You will need to be re-measured for the stockings when they are replaced or if your weight changes.

Surgical management

In severe cases of PTS, your GP might recommend that you are seen by the Vascular Surgery team. They may be able to offer surgical treatment, such as a stent being placed into the affected vein to help improve the blood flow.

The options will be fully explained to you and you will have the opportunity to ask any questions you may have.

Further information

For further information about PTS, please visit the following websites:

www.nhs.uk/conditions/deep-vein-thrombosis-dvt/complications

www.thrombosisuk-pts-leaflet.pdf

www.patient.info/allergies-blood-immune/deep-vein-thrombosis-leaflet

How to contact us

Thrombosis Team

Telephone: **01865 225 316**
(9.00am to 5.00pm, Monday to Friday)

Please ask to speak with the haematology registrar.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Thrombosis Team

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Oxford University Hospitals NHS Foundation Trust
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