

Reducing the risk of DVT for patients with a Plaster Cast on their leg

This booklet contains useful information about the risk of DVT for patients with plaster casts, and how we manage this condition in the Emergency Department (ED) at Airedale General Hospital. You have received this booklet because you have a plaster cast on your leg(s).

What is a DVT? Are they serious?

A DVT (short for Deep Vein Thrombosis) is a clot in the veins. They usually occur in the legs. The clot can completely stop blood flowing back to the heart or may cause the blood flow to be reduced. This leads to swelling and/or pain in the affected limb.

DVTs are uncomfortable. About half of patients who have had one get long term pain and swelling of the leg.

Occasionally blood clots move from the leg into the lung. This is called a pulmonary embolism (PE) and is much more serious. You must return to the ED if you develop breathing difficulty, chest pain, or collapse.

Why am I at risk?

You have a plaster cast on your leg. Casts reduce the leg muscles' ability to pump blood back to the heart. When blood moves slowly it is more likely to clot.

Do all patients with casts on their legs need treatment to reduce the risk of DVT?

No. Your doctor or nurse practitioner will assess your risk of DVT. If he or she feels you are at high risk, you will be offered blood thinning injections to reduce the risk.

Research is not conclusive about which patients should be given this treatment. Experts believe that people at particularly high risk should be offered it.

What treatment will be started?

You will be sent home with a pack of syringes containing a medicine called tinzaparin, also known as Innohep[®], or dalteparin, also known as Fragmin[®].

You need to have an injection once a day at about the same time. The dose is based on your weight.

- Most patients give themselves the injections, or have someone at home to help them. If you are able to do your own injections, we will show you how to take them. One of the ED nursing staff will give you your first dose.
- If you or a family member are unable to do this, either arrange for your practice nurse to give it or ask us refer you to the district nurse to do it.

How does this medication work?

Tinzaparin and dalteparin are from the same group of anticoagulants, known as low molecular weight heparins (LMWH). Anticoagulants work by prolonging the time taken for your blood to clot. This should help prevent your body from developing clots.

Anticoagulant medication is not safe for some patients. You must tell the doctors and nurses looking after you about any of the problems below before you have your first injection:

Recent major trauma	Peptic ulcer
Haemorrhagic stroke (bleeding in the brain)	Allergy to this drug, or any other LMWH
Bleeding tendency (e.g. haemophilia, thrombocytopenia)	Recent eye, brain or spine surgery
Severe liver or kidney disease	High blood potassium levels

How long will I need to take this medication for?

When you come back to clinic please discuss with the doctor who sees you about how long you need to continue this treatment for. Used syringes are locked back into individual tubes. Please return these in their box, along with any unused medication, to the hospital once your treatment has finished.

Are there any side effects from this medication?

There is a small increased risk of bleeding (e.g. nose bleeds). The dose we use to reduce the risk of DVT is low. The chance of major bleeding is very small indeed.

How can I tell if I have developed a DVT in my leg, or have suffered a PE?

If you develop the following symptoms then you must return to the Emergency Department:

- Pain and swelling inside the cast that does not settle with simple elevation of the limb
- Breathlessness
- Pains in your chest
- Collapse or have a blackout

It is not possible to diagnose DVT or PE over the telephone.

For further information or advice, please speak with the doctors and nurses looking after you.

Contact telephone numbers: Emergency Department – 01535 294481

Are you a victim of Domestic Violence? For confidential advice, contact:

Bradford	0808 2800 999	https://www.stayingput.uk.net/contact
North Yorkshire	03000 110 110	https://www.idas.org.uk/
Lancashire	0300 323 0085	https://www.lancashire.gov.uk/health-and-social-care/your-health-and-wellbeing/domestic-abuse/

If you require this leaflet in other languages or formats please telephone the Patient Advice and Liaison Service (PALS) on 01535 294019

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