At-A-Glance: Blood Clots

Your body uses a complex system of blood clotting to ensure that you do not lose a lot of blood from cuts or bruises. However, this process can be serious or even deadly when it creates a clot inside a blood vessel. If it is big enough, the blood clot can block the flow of blood. The process of forming a clot is called thrombosis.

Blood Clots in Deep Veins and Lungs

A blood clot in a vein deep inside the body is called deep vein thrombosis (DVT). These clots often form in areas farthest away from your heart, such as the lower leg, but can also form in your upper leg, groin, or belly. Sometimes a piece of the clot can break off and travel to the lungs. A blood clot in the lung, called a pulmonary embolism (PE), is very serious and may be life threatening because it can block the flow of blood in your lungs. It is important to seek medical care right away if you feel unusually short of breath, have sharp or stabbing chest pain, have a rapid heart rate, or cough up bloody mucus.

Risk Factors for Blood Clots in the Veins

- Family history of blood clots, especially in parents, sisters, or brothers
- Recent hospital stay or surgery
- Chronic medical illness or long-term bed rest
- Limited ability to move
- Recent trauma or injury
- Cancer or cancer treatment
- Knee or hip replacement surgery
- Obesity
- Using birth control pills or hormone replacement
- Pregnancy or immediately after having a baby
- Traveling more than 4 hours by plane, car, train or bus (without walking around)

Blood Thinners

Blood thinners are medicines that help prevent blood clots from occurring or recurring if you have one. They can be given by injection into a vein or under the skin, or by a pill. The most common blood thinner is warfarin (Coumadin®). Your doctor will test your blood to measure how well the drug is working in order to make sure that your blood is not too thin. The test is called an INR (for International Normalized Ratio). Some people cannot take blood thinners. If you cannot, your doctor may suggest other means to treat your clot or to prevent it from going to the lungs such as inserting a filter into your largest vein to trap a clot. The filter can be removed in about 3 months.

New blood thinners are being developed that do not require INR monitoring. Ask your doctor if these new medications would be right for you.

Benefits of Blood Thinners

Blood thinners can:
- Stop clots from getting bigger
- Stop other clots from forming
- Stop clots (or pieces of them) from traveling to your lungs
- Limit complications from blood clots in the legs or lungs, such as swelling and pain

Risks of Blood Thinners

Blood thinners can:
- Cause serious bleeding
- Cause bruising

Tell your doctor right away if you have bleeding or bruising.
FreQuently Asked Q uestions

Q. How do I know my blood thinners are working?
A. If you are taking warfarin (Coumadin®), INR testing will tell you if blood thinners are working. When you begin taking blood thinners, you will need to have INR testing every few days. Once your results are normal, you will need INR testing every few weeks.

Q. How do I get INR testing?
A. You can go to a lab to get INR testing, your doctor’s office, or you can learn to do it at home.

Q. Why do I need INR testing?
A. The blood thinner you are taking will have effects on your blood. But your diet, other medications you take, or any illness you may have can affect the way the blood thinner works. Therefore, it is important to monitor your blood regularly to make sure it is within the normal range for you.

Q. How long will I have to take blood thinners?
A. Depending on the cause of your blood clot, you may only need blood thinners for a few months. Often therapy is given for 6 to 12 months. In some cases, it may be recommended indefinitely. You should talk with your doctor about how long you will need treatment.

Q. How can I prevent complications?
A. Fortunately, there are many actions you can take to help prevent complications, including:
   - Wear compression stockings. These stockings put pressure on your legs to keep blood flowing. They are specially ordered and fit like tight hose.
   - Take your blood thinners on schedule.
   - Test your INR (or getting it tested) on schedule.
   - Exercise. Walking is a good choice.
   - Lose weight if needed.
   - Avoid activities that could cause injury, such as extreme sports.
   - Wear a helmet for biking, skating, and other activities.
   - Take measures to prevent falls. Remove throw rugs and use bright lighting.

Q. When should I call my doctor?
A. Call your doctor if you have the following issues:
   - Any sign of bleeding or bruising
   - Your INR is less than 2.0 or more than 3.0 (or out of your normal range)
   - If you have missed a dose of your blood thinner or taken the wrong dose

Here are some questions to ask your doctor before you begin blood thinners:

- What is the most likely cause of my clot? How can I prevent another one?
- How can I prevent injury and bleeding?
- What are the signs of bleeding?
- How likely is bleeding?
- What should I do if I notice bleeding?
- How often do I have to have my INR tested?
- How do I find out my INR results?
- Why do I have to wear compression stockings?
- Do I need to change my diet?
- Can I drink alcohol?

Terms to know

- Thrombosis — the formation of a blood clot inside a blood vessel that obstructs the flow of blood through the circulatory system
- DVT (Deep vein thrombosis) — the formation of a blood clot in a deep vein, commonly affecting the leg veins or the deep veins of the pelvis
- PE (Pulmonary embolism) — a blockage of the main artery of the lung or one of its branches by a clot that has travelled from elsewhere in the body through the bloodstream
- INR (International Normalized Ratio) — the test used to determine the clotting tendency of blood; is a measure of warfarin (blood thinner) effect
- Blood thinner or “anticoagulant” — a substance that prevents coagulation (clotting) of blood

At-A-Glance is basic, and is not intended to be thorough or replace medical advice. NBCA recommends that you consult your doctor about blood clot risk, prevention, and treatment. NBCA thanks its Medical and Scientific Advisory Board for its counsel in preparing this information.

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