



Plain language summary

Prevention and management of venous thromboembolism in COVID-19

Who is this summary for?

This summary is for patients who are not pregnant and who have COVID-19 managed either in the community or in hospital.

It includes advice on:

- risk factors for venous thromboembolism (VTE) in people living in the community
- medicines to prevent and treat VTE for those in hospital.

What is this summary about?

This summary explains the recommendations in a rapid guideline produced by the Scottish Intercollegiate Guidelines Network (SIGN 163), about the prevention and management of venous thromboembolism in COVID-19.

What is venous thromboembolism?

Venous thromboembolism is where a blood clot forms in a vein, which can block off or reduce blood flow. The most common form is a blood clot in the veins of the legs known as a deep vein thrombosis (DVT).

Symptoms of a DVT may include:

- pain
- swelling
- warm skin
- tenderness and redness (particularly at the back of your leg below the knee).



A DVT can break off and travel to the arteries of your lung where it may cause a blockage. This is known as a pulmonary embolism (PE).

The symptoms of a PE include:

- shortness of breath
- pain in your chest which is worse when you breathe in
- light headedness or passing out.



Unexplained prolonged pain (pain that lasts a long time), breathlessness or light headedness should be reported to your doctor for investigation for VTE. Deep vein thrombosis and PE are known under the collective term of VTE.

How does having COVID-19 affect my risk of VTE?

Patients who are admitted to hospital with COVID-19 are at a higher risk of getting a blood clot than those who do not have COVID-19. We don't know whether having COVID-19 also increases your risk if you're living at home.

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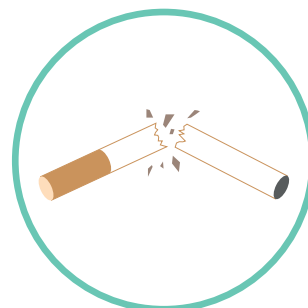
What can I do to reduce my risk of VTE?

Some medical conditions increase your risk of VTE, such as:

- cancer
- congestive heart failure
- varicose veins
- inflammatory bowel disease.

Your risk of VTE also increases naturally as you get older. While you can't directly reduce these risks, there are other changes you can make which will reduce your risk of a clot. Changes you can make include stopping smoking and reducing your weight. If you work from home during the pandemic, or have a job which involves sitting for several hours each day, you should:

- try to get up and move around regularly
- have at least 5 minutes of activity or stretching per hour (particularly if you work with a computer)
- keep well hydrated by drinking plenty of water.



Will I be prescribed medication to reduce my risk of VTE?

If you're managing COVID-19 at home, there's no evidence that you're at an additional risk of VTE. There is also no evidence that treatment with medication is needed, effective or safe in these circumstances. For these reasons your medical team will not automatically prescribe you medicine to reduce your clotting risk.

If you are admitted to hospital with COVID-19, you will be given a medicine that helps to prevent blood clots (an anticoagulant). This works with the body's natural anti-clotting system to prevent further blood clots forming and stop existing clots from getting bigger. This medicine might be given as a tablet or as an injection. Both types work in the same way and are equally effective. The dose of anticoagulant you will receive will depend on your COVID-19 symptoms. You may get more benefit from a higher dose of anticoagulant if your COVID-19 symptoms are less severe.

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If I'm in hospital because of COVID-19 and given medicines to reduce my risk of VTE, will I need to stay on these after I return home?

For most people, your risk of another VTE reduces after you return home from hospital although the risk is always highest in the first few weeks. We don't know yet whether people who have had COVID-19 are at higher risk than any other patient leaving hospital after a short-term illness. Although anticoagulants help to prevent blood clots they can also increase the chance of bleeding, so your medical team will carry out an assessment before you leave hospital. At the assessment your medical team will weigh up your risk of VTE and your risk of bleeding when you go home. They will discuss with you whether you want to continue taking this medicine when you leave hospital. If you do choose to continue taking this medicine, your medical team will explain to you how to take it safely and how long you should keep taking it. They will also discuss with you when and how you will be reviewed and will send a copy of this information to your GP.

How will I be managed if I have a VTE and also have COVID-19?

You will be treated in a similar way to people who have a VTE but who do not have COVID-19. As COVID-19 can make your blood clot more, particularly in hospital, you will be given an anticoagulant at a higher dose than is usually used to prevent VTE. The risk of having another VTE doesn't return to zero immediately after recovering so you will be offered anticoagulant medicine for at least 3 months after you leave hospital. Your medical team will review this after 3 months and help you to jointly decide whether this medicine is still needed.



Information

- **NHS inform** is Scotland's national health information service providing accurate and relevant information to help people make informed decisions about their own health and the health of the people they care for. It includes information for the public about the causes, treatment and prevention of DVT.
www.nhsinform.scot/illnesses-and-conditions/blood-and-lymph/deep-vein-thrombosis
- The **'Think Clots'** website provides information about VTE risk.
www.thinkclots.scot.nhs.uk
- **Thrombosis UK** works to increase awareness, support research and extend understanding through education and the sharing of information to improve care for all those affected by thrombosis. The website provides information fact sheets and booklets for patients and a range of resources for healthcare professionals.
www.thrombosisuk.org