## WHEN TAKING ANTICOAGULANT MEDICATION, SEEK MEDICAL ATTENTION FOR REASONS INCLUDING IF YOU:

- Hit your head.
- Have a significant fall or injury.
- Experience a significant bleed (a bleed that does not stop with first aid measures).
- Notice blood in your urine.
- Notice bloody or black stools.
- Cough up or vomit blood.

**Please attend the Emergency Department immediately if you have significant injury or trauma, head injury or are unable to stop bleeding. Inform the doctor or nurse that you are taking an anticoagulant and always carry your anticoagulation alert card with you if you have been issued one.**

### Please inform your Doctor or Nurse if you experience :

- Heavy menstrual bleeding (periods).
- Unusual or extensive bruising.
- Tiredness.
- Very pale appearance.

### Side Effects of treatment:

All medicines have side effects but not everybody experiences these. The main side effect of anticoagulation therapy is an increased risk of bleeding. This risk will be discussed with you prior to going home.

### YOUR HEALTHCARE TEAM CONTACT:

**Name:** .....

**Number:** .....

### It is important to remember:

If you attend for any medical procedures or start a new medication, please tell your Doctor, Nurse or Pharmacist that you are taking an anticoagulant. If you think you have side effects from your anticoagulant, please do not stop taking them. Talk to the team who commenced your new medication.

### When will my symptoms improve?

Everyone's journey is different. However your symptoms should improve gradually.

### Can I help to improve my recovery? - Yes You Can!

- Take your medication exactly as prescribed.
- Start your physical recovery as soon as your doctor permits This is usually within a week or two of starting your anticoagulant. Walk, swim or cycle a little every day.
- Stay hydrated.
- Stop smoking.
- If directed to use compression stockings, ensure you are fitted for the correct size and wear them exactly as directed.
- Look after your mind.

You may have some feelings of anxiety about your health in the weeks after experiencing a PE or DVT but these feelings usually improve within 3 to 6 months. If you are experiencing health related anxiety, especially if it continues more than 6 months after the PE/DVT please contact your Doctor, Nurse or The Irish Heart Foundation.

**For further information:**
**www.hse.ie/eng/about/who/cspd/ncps/vte/resources/**

Patient Information

YOU HAVE BEEN DIAGNOSED WITH A

# PULMONARY EMBOLISM (PE)

# PE

### You have been diagnosed with a Pulmonary Embolism (PE).

### What is a PE?

A PE is a clot that forms in a vein. Clots form when blood cells and blood components stick together and block blood vessels.
Deep vein thrombosis (DVT) is a clot that forms within a deep vein, usually in the leg or arm. If untreated, part of the clot can break off and travel to the lungs and block blood flow. The loose clot is called a Pulmonary Embolism (PE). This can be potentially fatal if not detected early.

### If you have a PE, you may have had some symptoms such as:

- Shortness of breath.
- Chest pain while breathing.
- Coughing up blood.
- Collapse.

You may have had no symptoms at all.

### Why did this happen to me?

Sometimes we know why a PE happens and sometimes we never know. There are some risk factors that can cause a PE to develop.

**NOTE:**
**This leaflet is for general information only. It does not replace clinical advice.**

# RISKS

### YOUR RISK OF DEVELOPING A BLOOD CLOT MAY BE HIGHER FOR A NUMBER OF REASONS, INCLUDING:

- Are admitted to **hospital** and for **90 days** after you go home.
- Have **cancer**: Certain types of cancer have higher risk of DVT and PE. This includes cancers of the stomach, pancreas, brain, kidney and blood. Chemotherapy, radiation therapy and other procedures such as surgery, are vital to fight the cancer. However, these treatments can also increase the risk of a blood clot.
- Are **pregnant** or have had a baby less than 6 weeks ago.
- Are **immobile**:
  1. Being confined to bed for 3 days or more.
  2. Travelling a long distance for more than 6 hours.
  3. Immobility due to a limb being in a cast or boot.
- Have a personal or **family history** of blood clots.
- Have had **surgery** in the last 90 days.
- Receive a diagnosis of **thrombophilia** (tendency to clot)
- Are taking oestrogen-containing contraception (including **the vaginal ring**) or taking **oral oestrogen containing HRT**. Discuss all options with your Doctor.
- You have **heart** or **lung disease** or **inflammatory disease**.
- Are over **60 years of age or overweight** or have varicose veins that are red and sore.

# TREATMENT

PEs are most often treated with anticoagulants. Anticoagulants help prevent new clots developing. They also help prevent existing clots from growing and moving.

### How long will I need to take my anticoagulants for?

Treatment is usually at least 3 months and sometimes for longer, depending on your risk factors. Some people need to take anticoagulant medication for life. Continue to take your anticoagulant unless your Nurse or Doctor tells you to stop.

### Does my anticoagulant need to be monitored?

Specific blood tests are not required for most anticoagulants but you should attend your Doctor for regular monitoring. If you have been started on an anticoagulant called Warfarin, this will require regular blood tests and monitoring. (This will be discussed in another Patient Information booklet).

### Is treatment effective?

Treatment for your clot is very effective and safe. The vast majority of Patients experience minimal or no side effects. Once you take the medication as prescribed, there is a much lower risk of becoming unwell or getting another clot.
Most patients can return to their normal lives and activities as before, however, if you play contact sports, discuss this with your doctor or nurse.

Depending on the severity of PE, its effects on the body and the response to acute treatment, less common treatments that involve directly treating or removing the clot using a tube to access the blood vessel may be required.