



New Patient Guide **For People with** **Thrombosis and Those** **Who Care for Them**

Originally created by the National Blood Clot Alliance (NBCA)



Adapted for Canadians by Thrombosis Canada



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Welcome to the Thrombosis Canada Community

You have been diagnosed with a blood clot. This life-changing experience can be both upsetting and confusing at times. You may be asking yourself: **What is a blood clot? How did this happen to me? Will I be okay? Will my life ever be the same?** These are important questions that deserve to be answered.

Thrombosis Canada adapted this guide for newly diagnosed patients and their caregivers to help answer common questions and provide the resources to help you navigate life, post-diagnosis. You are a survivor and that makes you a thrivor.

Welcome to the Thrombosis Canada community. We are here to help you every step of your blood clot journey.



It is important to note that this guide does not replace medical advice. Always consult your healthcare professional if you have any questions regarding your medical conditions.

What is a Blood Clot?

Blood clots are gel-like clumps of blood, which are beneficial when they form in response to an injury or cut. But they can also form when they aren't needed and cause medical problems.

Thrombosis means blood clots that occur in arteries or veins.

Arterial blood clots occur in arteries. These can cause heart attack, stroke and transient ischemic attack (TIA, sometimes called mini-stroke).

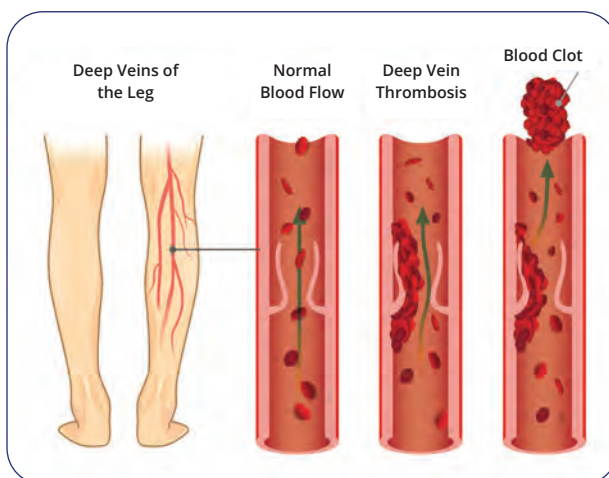
Venous blood clots occur in the veins and are not related to arterial problems like heart attacks and strokes. This New Patient Guide will focus on venous blood clots.

Venous Blood Clots

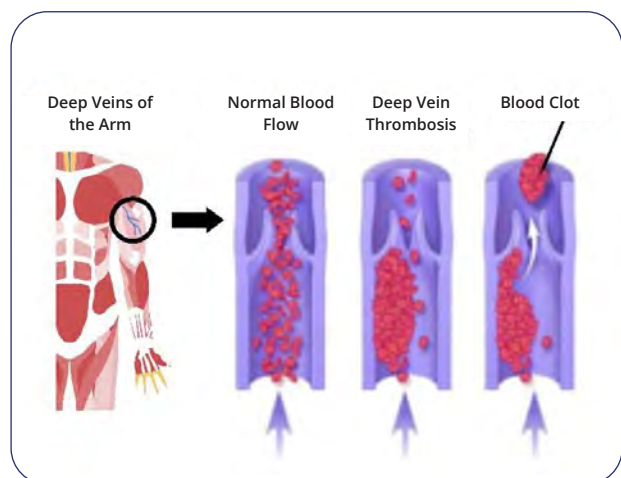
Deep vein thrombosis (DVT) is a venous blood clot that occurs most commonly in the deep veins of the leg. DVTs can cause pain and swelling in the leg. DVTs can also occur in the deep veins of the arm. Arm DVTs can cause pain and swelling in the affected arm.

If left untreated, DVTs can move to the lungs where they cause pulmonary embolism (PE). The lungs are our body's natural blood filter to catch anything solid in the blood. That is why DVT clots travel to and stop in the lungs. PEs can cause breathing problems, chest pain and tiredness. Once a DVT has moved to the lung, the clot is stuck there and cannot move. **PEs do not cause strokes or heart attacks.**

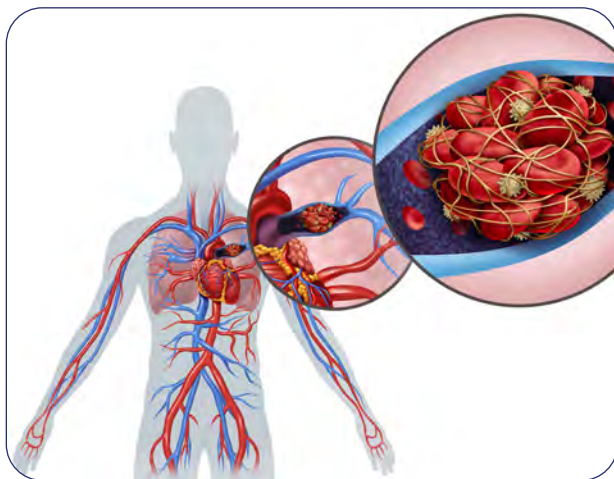
Deep Vein Thrombosis (DVT) in the Leg



Deep Vein Thrombosis (DVT) in the Arm



Pulmonary Embolism (PE)



Blood clots can either be “provoked” or “unprovoked.” Provoked blood clots are clots that have an identifiable trigger, called a risk factor, such as a hospital stay where you are in bed all the time. An unprovoked blood clot has no identifiable cause. In many cases blood clots are unprovoked, and often the reason for the blood clot is never identified. It’s important to know the difference in these terms as it can impact your treatment protocol.

Risk factors for blood clots

Some of the most common risk factors for blood clots include:

Immobility

- Hospitalization for illness or surgery
- Being in bed for a few days or more
- Cast on the leg, not able to stand or walk
- Air travel for 6 or more hours

Injury to blood vessels

- Severe trauma, such as a car accident
- Broken bones or severe muscle injury
- Major surgery, such as hip or knee replacement

Hypercoagulability (tendency to clot)

- Medical conditions, for example cancer and some cancer treatments
- Use of hormone therapy that contains estrogen
- Pregnancy, including up to three months after the baby is born
- Use of oral contraceptives that contain estrogen, such as the pill, ring, or patch
- Genetic risk factors/family history of DVT/PE



Cancer-associated Thrombosis (CAT)

Blood clots can occur for many reasons. Some risks factors for forming blood clots include cancer and cancer treatments such as chemotherapy and surgery. When a blood clot forms in someone with cancer, it is called cancer-associated thrombosis (CAT).

Having cancer increases your risk of forming a blood clot. Patients have the highest risk of blood clots in the first three months of their cancer diagnosis.

Chemotherapy can lower blood cell counts. This may increase the risk of bleeding with blood thinners. If this occurs, your healthcare professional may reduce the dose or stop your anticoagulant to prevent bleeding.

To learn more about cancer-associated thrombosis, use the QR codes or click the links below.

[Cancer-associated Thrombosis Patient Library](#)



Know your risk. Talk to your healthcare professionals about your risk for future blood clots.

Blood Clot Treatment

Treatment for blood clots depends on where the blood clot occurs in the body and the severity of the clot. **Blood clots are treated with anticoagulants, also called blood thinners.** Anticoagulants increase the time it takes for the blood to clot. This helps stop more blood clots from forming and prevents existing clots from getting bigger. Our body breaks down existing blood clots naturally.

Anticoagulants may be taken by mouth, by injection, or intravenously. Some common anticoagulants include:

Direct Oral Anticoagulants (DOACs): These medications are pills taken by mouth, and do not need regular blood (INR) testing.

- Apixaban (Eliquis®)
- Dabigatran (Pradaxa®)
- Edoxaban (Lixiana®)
- Rivaroxaban (Xarelto®)

Warfarin: This medication requires regular blood (INR) testing (see page 15).

Low Molecular Weight Heparins (LMWH): These medications are injected under the skin (subcutaneously).

[Tutorial on Injection of Low Molecular Weight Heparin](#)

- Enoxaparin (Lovenox®, Elonox®, Inclunox®, Noromby®, Redesca®)
- Tinzaparin (Innohep®)
- Dalteparin (Fragmin®)

Please take your medication **as prescribed**. Be sure you fill your prescription on time.

Skipping doses or stopping medication can cause those on anticoagulants to be at an increased risk of new blood clots. Taking more medication than prescribed can also be dangerous and can cause bleeding problems. Some people experience side effects while taking anticoagulants. These can vary from person to person. If you have any problems with your medication, please consult your healthcare professional.

In addition to anticoagulants, you may require other interventions or other medications and products. Your healthcare professional will recommend other interventions if necessary. Be sure to tell your healthcare professionals if you add or change any medications or herbals or supplements as these may affect your risk for blood clots.



Use the QR code to access a tutorial on injection of low molecular weight heparin.

Side effects of anticoagulants

- Minor bleeding of gums, teeth, or nose.
- You may bruise more easily, and cuts and scrapes may take longer to stop bleeding. Apply pressure to help stop bleeding.
- Heavy menstrual periods: talk to your healthcare professional if this affects you
- Rarely, you could cough up blood and/or have blood in your vomit, urine, or stool. Blood in your stool can appear red, maroon, or black. If this type of bleeding happens, go to your emergency department.
- If you hit your head and are knocked out, or suffer symptoms of concussion (headache, nausea, vomiting after the injury), go to the emergency department urgently to ensure you don't have bleeding in the brain.
- Many anticoagulants are not safe in pregnancy. Please discuss with your healthcare professional if you are planning to get pregnant.



Blood Clot Recovery Timeline

Time is important in your blood clot journey. Recovery can take weeks and sometimes months. Healing and recovery time can vary with each person. The first year can be filled with a range of emotions. It is normal to feel confused, anxious, scared, and angry in those first few days, weeks, and months post-diagnosis.

Anxiety after a blood clot is called post-thrombotic panic syndrome. It can cause physical symptoms similar to blood clots, such as shortness of breath and chest pain. Discuss your symptoms with your healthcare professional if you are concerned.

Thrombosis Canada hopes that patients will eventually discover a renewed sense of strength as they begin to learn more about blood clots, their risk factors, and develop strategies for a healthy recovery.



0-30 Days

The first 30 days are very important. The highest risk of recurrence for a blood clot is in the first 30 days post-diagnosis. As long as you take your anticoagulant as directed, existing blood clots will become stable, allowing your body to break them down over time. While you are taking your anticoagulant, the likelihood of clots coming back is very small.

This time will be filled with activity – learning new information, more medical appointments than usual with new professionals, and taking new medications which could result in potential side effects that might be unfamiliar to you. Please attend all your medical appointments, take your medication as prescribed, and be sure to take time to rest. With treatment, it is very rare that a piece of DVT will break off and cause a PE.

After a few days of treatment, you can gradually start getting active and going back to your normal daily activities, unless otherwise advised by your healthcare professional.

The dosage of your medication could change as you begin to heal, so try to follow the dosage modifications.

This can still be a period of gathering information as you may be learning who should be on your new medical team, and understanding more about blood clots, your diagnosis, and your blood clot risk factors. This can lead to increased feelings of anxiety, which is completely normal.

Continue to gradually increase your level of activity.

30-90 Days



90-365 Days

This can be a period of adjustment and figuring out your “new normal.” Ideally you should aim to resume the level of physical activity and/or other activities that you engaged in before your diagnosis.

At this stage, your medical appointments will primarily be follow-up appointments. These are still important appointments to maintain as you try to keep all the professionals on your medical team informed about what is happening with your treatment and recovery. Your healthcare professional will advise whether you need to continue on long term anticoagulation to prevent new blood clots in the future, or whether it is safe to stop the anticoagulant.

Medical Team

A blood clot can affect various parts of your body which means that you may need to meet with medical specialists, some of whom may be new to you and can treat the affected area. Each healthcare professional plays an important role in your care and should work with your other professionals to ensure your optimal health.

Your medical team plays an important role in your care to ensure your optimal health.



Family physician or nurse practitioner

A family physician or nurse practitioner treats individuals with undiagnosed health conditions and provides continuing care for various medical conditions. Family physicians and nurse practitioners also provide referrals to specialists. Your family physician or nurse practitioner may be the first to suspect a blood clot and can refer you to a specialist or to the emergency department. They may also refer you for diagnostic testing such as ultrasound. Make sure to keep your family physician or nurse practitioner informed about what is happening when you visit other healthcare professionals, provide them with copies of test results, and let them know the medications that you are taking.

Specialist healthcare professionals

Specialists may include thrombosis physicians, thrombosis nurse practitioners, hematologists, internal medicine physicians, respirologists, cardiologists, and other specialists. These healthcare professionals may see you in clinic or the emergency department. They will prescribe anticoagulants to aid your treatment as well as monitor your recovery.

Pharmacists

Pharmacists are a key part of your healthcare team and a valuable resource to patients. In addition to dispensing your medication, pharmacists can help educate and counsel you on how to take your medications safely and appropriately. They protect patient safety by ensuring that the medications and doses are correct, and routinely check for any drug interactions.

Mental Health Professionals

Mental health professionals, including psychologists, psychiatrists, counselors, or therapists can help you to deal with feelings of anxiety, depression, or other issues that may interfere with your daily life due to your diagnosis. A blood clot diagnosis can be scary and can come out of nowhere. Don't feel ashamed if you need to speak with a mental health professional to help you develop the tools to manage these emotions and develop a healthy mindset moving forward.

Caregivers

Caregivers such as family and friends can play a critical role in your recovery. Caregivers provide an additional layer of support and can help advocate for your care. Consider asking your caregiver to accompany you to healthcare appointments. They may think of additional questions to ask your medical professional, can assist with notetaking during appointments, identify potential care gaps, and can help you rehabilitate at home. Caregivers play a valuable role and can help you heal, both physically and mentally.

How to Prevent a Recurrence

Even though you have been diagnosed and treated for a blood clot, there is still a risk of recurrence. Two in ten people who have an unprovoked blood clot will have another episode within 10 years. This risk can be decreased significantly by taking your medication as prescribed. However, it is important to learn how to recognize the signs and symptoms of a blood clot in case of a recurrence.

Signs and symptoms: Think **CLOTS**

Chest pain

Light-headedness

Out of breath

Tenderness in the leg

Swelling in the leg

[Click here to learn more.](#)



Use the QR code
to learn more.

Symptoms of DVT may include:

- Swelling – usually in one leg (or rarely, in one arm)
- Pain or tenderness in the calf, thigh, or groin that is not caused by an injury
- Skin on the leg that is red and warm to the touch

Symptoms of PE may include:

- Shortness of breath and difficulty breathing
- Chest pains that worsen with a deep breath
- Coughing up blood
- Fatigue and tiredness

If you experience any of these symptoms, please contact your healthcare professional. If these symptoms persist, please go to the emergency department.

IF YOU HAVE ANY SIGNS OF BLOOD CLOTS...



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GO TO THE EMERGENCY DEPARTMENT RIGHT AWAY!



Healthy Lifestyle

Maintaining a healthy lifestyle is important. You may be wondering when you can resume physical activity. The amount and type of exercise that is safe for you is a decision that you should make with your healthcare professional. Exercise is good for you physically and mentally. Diet is also a key component to a successful recovery and for overall health. Try to maintain a healthy weight, as being overweight is linked to an increased risk for blood clots.

People are often surprised when athletes or sports enthusiasts experience blood clots, but blood clots do not discriminate. Anyone can get a blood clot.



Mental Health After a Blood Clot

Finding out you have a blood clot and then being treated can be very stressful and may cause you to experience depression, anxiety, and maybe panic. You may feel like you are living with uncertainty and be afraid of reoccurrence.

This is a normal and common result of having a DVT and/or a PE and is called post-thrombotic panic syndrome. This can cause physical symptoms similar to blood clots, such as shortness of breath, leg pain, or chest pain.

Thrombosis Canada encourages you to recognize that each person deals with this differently and your feelings and emotions are important in your journey as you heal.

Taking care of your physical and mental health is important to your recovery. Talk to your family, caregivers, and friends. Discuss your symptoms, fears, and concerns with your healthcare professionals. Getting back to your normal lifestyle can help you feel more stable and comfortable.

Consider meditation, relaxation exercises, breathing exercises, deep muscle relaxation, talking to a mental health professional, and other techniques to help you manage your fears and emotions. Find what works for you. And remember, you are not alone.



Blood Clot Complications

Most patients do not develop long-term complications and will recover completely. However, some people develop long-term complications including:

Post-thrombotic syndrome: persistent swelling, pain, and skin discoloration in the affected leg or arm
Chronic lung damage: 2-4% of patients with PE will develop this condition
Additional clotting episodes
Anxiety and/or depression

Please contact your healthcare professional if your symptoms don't improve.

INR Testing for Patients Taking Warfarin

Different people require different doses of warfarin. When you start warfarin, frequent blood tests (called an INR) are needed to determine the right dose for you. Once your INRs are within your target range, less frequent INR testing will occur. The frequency of testing will vary. Most healthcare professionals recommend an INR at least every month or more often if your INR is out of your target range.

If your INR is below the target range, there is an increased risk of developing a blood clot. If the INR is above range, there is an increased risk of bleeding. This is important for your healthcare professional to monitor so that your medication dosage can be adjusted accordingly.

Some patients are eligible for INR self-testing to avoid frequent trips to the lab. If you are interested in doing INR self-testing at home, you should talk to your healthcare professional about the pros and cons, and carefully consider your individual medical history, diagnosis, current situation, treatment plan, and long-term goals as you make your decision in consultation with your healthcare team.



Blood Clotting Disorders (Thrombophilia)

Thrombophilia (also known as hypercoagulation or hypercoagulability) is a predisposition to developing blood clots. You may have inherited the genetic mutation for a thrombophilia from your mother and/or father, or the mutation may have occurred at some point in your life. Thrombophilias are not a common cause of blood clots.

You can acquire or develop a thrombophilia from abnormalities of the blood, such as too many red blood cells (polycythemia), too many platelets (thrombocytosis or thrombocythemia), or the development of abnormal proteins or antibodies.

Inherited thrombophilia is due to an inherited genetic predisposition and can either be heterozygous (meaning you inherited one copy of the gene mutation from one parent) or homozygous (meaning you inherited two copies of the gene mutation from both parents). The risk for developing a blood clot is greater for homozygous individuals versus heterozygous. **Genetic testing for thrombophilias is typically not done as it does not change how you are treated for blood clots.**

The presence of thrombophilia can be suspected when an unexplained blood clot occurs, blood clots occur in an unusual area of the body (i.e., brain or abdomen) or if you have a family history of blood clots.

The most common thrombophilias include:

- Factor V Leiden
- Prothrombin G20210A
- Protein C Deficiency
- Protein S Deficiency
- Hereditary Antithrombin Deficiency
- Antiphospholipid Antibody Syndrome

[Click here to learn more about thrombophilias.](#)



**Use the QR code to learn more
about thrombophilias.**



You can still live life to the fullest and be your best self after a blood clot diagnosis.

Frequently Asked Questions

Below are some, but not all, of the important questions that you may have when you are in the hospital, or at one of your follow-up appointments.

If you want more information, ask someone on your healthcare team. If your current healthcare professional cannot answer your questions, make sure they help you find someone who can. Remember, you are your best health advocate, and if you feel like you aren't being heard, get a second opinion, and find a healthcare professional who makes you feel comfortable.

Blood Clots

What caused my blood clot? Why did I have a blood clot?

Most cases of blood clots are unprovoked, and often the reason for the blood clot is never identified.

What are my chances of a recurrence?

Once you have a blood clot, your risk of having another is always higher than it is for those that have not had blood clots. Risk can range from being very low to more common, depending on risk factors you may (or may not) have, how many clots you've had, or if you have a family history of clotting. Taking your anticoagulant as prescribed will reduce your risk substantially.

Will there be any long-term damage to my body?

About one-third of people may have some long-term complication from having a blood clot. This may include:

- Post-thrombotic syndrome: ongoing swelling, pain, discoloration of the affected leg or arm, severe cases can have skin breakdown known as ulceration
- A small percentage of people who have a PE will have ongoing damage to the lungs. This may occur with very large / extensive PEs or if an individual has multiple, recurrent PEs.

What are they checking for in my blood tests?

The blood tests are looking for factors in your blood that may have put you at risk for blood clots (thrombophilia). These tests are ordered by a specialist.

People taking blood thinners also have yearly blood count and kidney function blood tests.

Pulmonary Embolism

Will I have any lung damage?

Most people recover completely after having a PE. A small percentage having PE will have ongoing damage to the lungs. This may occur with very large / extensive PEs or if an individual has multiple, recurrent PEs.

How can I strengthen my lungs?

It is best to gradually increase your activity. Do a little more each day until you can resume your usual activities. Your healthcare professionals can provide you with advice and refer you to a rehab program, if required for you.

Will I always have shortness of breath and/or lung pain?

Most people fully recover after having a PE and have no ongoing symptoms.

The anticoagulants you are taking prevent the existing clots from getting any bigger, and allow them to firmly stick to the vessel wall where they formed so the clot(s) will not move anywhere else in the body.

At the same time, your body's natural way of removing clots is happening. This process takes time (weeks to months). Once this occurs your symptoms should resolve.

Is it normal to cough up blood after a PE?

Having a blood clot in the vessels surrounding your lungs can increase pressure and cause some bleeding into your lungs. About 1 in 10 people may cough up blood. This is typically limited to the time when your clot is newly formed and/or diagnosed. Once treatment occurs, this stops.

Can the blood clot in my lung travel anywhere else in my lung or body?

The lungs are a filter for blood clots. Blood clots in your lung will not travel anywhere else in your body. They will not cause a heart attack or a stroke.

Why were scans of my lungs taken?

Scans are done to objectively confirm or rule out the diagnosis of PE. Two tests are commonly done, either a CT (computed tomography) scan, or a VQ (ventilation perfusion) scan.

A CT scan produces several cross-sectional images with dye to produce detailed pictures of the vessels. These images are very good at detecting blood clots.

A VQ scan shows whether there is a mis-match between the distribution of air flow to your lungs and the blood flowing in the blood vessels surrounding your lungs. If there is a clot, you will have good air flow without blood flow in the blood vessels.

Will I need to get another scan to see if my blood clot is gone?

The vast majority of people do not need follow up scans to see if the blood clot is gone. If you have improved and do not have symptoms, we assume that the clots are gone. Should you still have troublesome symptoms after an appropriate duration of treatment (~6 months), your healthcare professional may do another scan.



Anticoagulants

What if I miss a dose of my anticoagulant?

If you miss a dose of your anticoagulant, please take it as soon as you remember, but do not take a double dose in one day. If you are unsure, contact your pharmacist for guidance.

How long do I need to take an anticoagulant?

People are treated with anticoagulants for a minimum of 3 months. Treatment varies between patients and depends on the circumstances of the clot. Recovery time varies for each person, and there is no standard for how long it will take to recover.

Will I need regular blood testing?

It is reasonable for everyone taking an anticoagulant to have a complete blood count (CBC) every year.

If you are taking warfarin you will need frequent blood tests (INR) to ensure you are taking the right amount. When you start warfarin, you will need this test typically twice weekly. Once your dosing is established it is common to have the INR tested every 4 weeks unless changes occur.

If you are taking a direct oral anticoagulant (DOAC), it is reasonable to have your kidney function (creatinine or CR) tested annually, provided your kidneys are working well. If your kidneys are not working well, you may need your kidney function tested more often. DOACs include apixaban (Eliquis®), dabigatran (Pradaxa®), edoxaban (Lixiana®), and rivaroxaban (Xarelto®).

Do I need to change my diet on my medication?

A balanced, healthy diet is always recommended regardless of your medications.

If you are taking a direct oral anticoagulant (DOAC) you do not need to worry about any dietary interactions.

Warfarin can be impacted by vitamin K. Foods that contain high amounts of vitamin K are usually green and leafy (e.g., kale, spinach, lettuce, etc.). These foods are healthy for you to eat, so it is encouraged that you try to be consistent from week to week with these types of foods.

In general, most people tend to eat similar foods from day to day, so while vitamin K may impact warfarin, it is not a big issue for most people.

Are there any side effects of anticoagulants?

Most people do not experience side effects.

All anticoagulants increase the risk of bleeding. Bleeding can be minor or major.

Minor bleeding stops on its own and does not last long. Examples of minor bleeding include nose bleeds that stop within 20 minutes, gum bleeding when you brush your teeth, cuts that take a little longer to stop bleeding, bruising, etc.

Major bleeding is more serious and requires medical attention (going to the emergency department) and usually stopping your anticoagulant as directed by a healthcare professional, at least temporarily. Examples include stomach pain/vomiting blood, having a dark black bowel movement, or bleeding that does not stop. The most common site of blood loss is from your stomach/intestines – always make sure your stool looks normal for you.

You may find that you bruise more easily and that the bruises take a bit longer to heal. This is quite common.

Women often have heavier menstrual periods. If this happens to you, talk to your healthcare professional.

What are signs of “hidden” bleeding?

The most feared and least common event is bleeding in your brain. The most common sign of this is having the worst headache of your life. Other symptoms of hidden bleeding may be a change (decrease) in your level of energy and at the same time feeling dizzy or lightheaded. These symptoms are consistent with losing a significant amount of blood. You should always be checking to ensure you do not see blood in your stool or urine.

Should I wear a medical ID bracelet or necklace?

You should always carry an up to date, complete list of all medications you take, in your wallet or on your smart phone or smart watch. You may also feel comfortable wearing a medical ID bracelet or necklace. This may be useful in an emergency so all healthcare professionals will know you are taking an anticoagulant.

Will my anticoagulant interact with other medications or herbal products I take?

It is possible that your anticoagulant may interact with other medications or herbal products. Warfarin has the most interactions, while the DOACs have fewer. Drug interactions are important and can either greatly reduce the ability of your anticoagulant to prevent clots, or may increase the risk of bleeding by increasing the impact of an anticoagulant. Ask your healthcare professional before starting, stopping, or changing the dose of any medications, including prescription medications and over the counter or herbal products.

Should I stop my anticoagulant if I need to have a procedure or surgery?

You may need to stop your anticoagulant before your surgery to prevent too much bleeding during the surgery. How long you need to stop and if you need to stop at all depends on the type of surgery, and what anticoagulant you are taking. Talk to your healthcare team about all the medicines you take and any upcoming surgeries or procedures you have. Never stop taking your anticoagulant without talking to your healthcare professional first.

Family and friends can provide support.





Living a healthy lifestyle will improve your overall health and reduce the likelihood of having recurrent clots.

Recovery

How long will it take for me to recover?

Recovery can take weeks and sometimes months. Healing and recovery time can vary with each person. Refer to the **Blood Clot Recovery Timeline** on page 8.

What can I expect to feel emotionally and physically in the next weeks/months?

After a blood clot you may experience anxiety, depression and/or distress. Please seek support from family, caregivers and your health care team as required.

Physically, you may feel fatigue, shortness of breath, intermittent chest pain and /or leg swelling or discomfort. Please speak to your healthcare professional about managing your symptoms.

Should I use a heating pad or ice on the affected area?

A heating pad or ice may be useful to manage pain or discomfort.

Should I wear compression stockings?

Please ask your healthcare professional if compression stockings are recommended for you.

Should I elevate my legs when I sleep?

You should lie flat on your bed. There is no need to elevate your legs higher than this.

What types of over-the-counter pain reliever medication can I take?

It is best to take acetaminophen (Tylenol™) for aches and pains as well as for a fever. Medications referred to as NSAIDs (e.g., ibuprofen [Advil™], naproxen [Naprosyn™], diclofenac [Voltaren™] are not recommended as they can increase the risk of bleeding. If you must take them, limit the amount and duration of use. ASA (Aspirin™) also will increase the risk of bleeding with anticoagulants. If your healthcare professional has instructed you to take ASA 81 mg daily, continue to do so but do not take any more than the 81 mg daily.

Lifestyle

Do I need to make any lifestyle changes? (Smoking, diet, exercise, etc.)

Living a healthy lifestyle will improve your overall health and reduce the likelihood of having recurrent clots or having complications from your initial clot. This includes stopping smoking, increasing your level of activity (exercise), and maintaining a healthy weight. Discuss options with your healthcare professional.

Can I drive, take a long road trip, or fly in a plane?

Yes, it is okay to travel. Whether you are in an automobile or plane, it is recommended that you stand up and stretch your legs periodically to help with blood flow in your legs. If you must remain seated for longer than an hour, you could exercise your legs by bending and stretching from your knees, rotating your ankles, and flexing your feet up and down. It is also a good idea to wear compression stockings.

Will my clot affect my home and work life?

For the vast majority of people, home and work life are not affected once they are treated with anticoagulants (minimum of 3 months). If you had a very large or extensive PE and continue to be short of breath, this may limit you. You should contact your healthcare professional if this persists for months.

Your psychological reaction to your clot is the factor that is more likely to impact your home and work life. You should not hesitate to seek help if you feel that you cannot concentrate or do your work.

Will this affect my sex life?

It is uncommon that shortness of breath would affect your sexual performance, however the anxiety associated with the blood clotting event may make it harder for you to relax which could affect your sex drive.

Does this diagnosis impact any of my current medications (i.e., birth control)?

If you were taking an estrogen-containing birth control pill before developing your clot, it will be identified as a risk factor. As long as you are treated with anticoagulants, however, you may continue to take your estrogen-containing birth control pill.

There are non-estrogen-containing options. These include IUDs (Mirena™) and progesterone-only birth control pills (Micronor™). Should you take Micronor™, it is very important to take it at the same time each day and not miss a dose. Not doing so can increase the risk of pregnancy.

What risks are involved with pregnancy and childbirth?

Pregnancy increases the risk of developing blood clots, and this greater risk for having blood clots continues for ~ 3 months after baby is born. All of the oral anticoagulants can potentially harm the fetus, so it is best to plan a pregnancy in consultation with your healthcare professional. Depending on your situation, your healthcare professional may prescribe low molecular weight heparin (LMWH) injections during your pregnancy. Should you discover a pregnancy, contact your healthcare professional right away if you are taking an oral anticoagulant.

Will this affect my periods?

Some people do notice heavier periods after starting an anticoagulant. If this persists or is quite problematic (e.g., requires changing menstrual products every 2 hours) talk to your healthcare professional. Blood loss of this nature can lead to iron deficiency anemia.

Can I have a glass of wine or drink other alcohol on the prescribed anticoagulant?

For a healthy lifestyle, it is generally recommended that limited alcohol be consumed. No more than 2 drinks at a time should be consumed while taking an anticoagulant. Ask your healthcare professional if alcohol consumption is okay for you.

Can I get a massage, or use a hot tub?

In general, using a hot tub is fine. You should consult your healthcare professional about having a massage when the clot is still present. It is important to be careful with any soft tissue in an area where there is or was a clot.

Can I get a tattoo?

You should consult your healthcare professional. Getting a tattoo will depend on how extensive the tattoo is, and the anticoagulant you are taking, and risk factors you may have. There is some concern about bruising when getting a tattoo.

If you are instructed to not take your anticoagulant for a day (or more) prior to getting your tattoo, you should wait at least 3-6 months after your clot was diagnosed before getting the tattoo.

Can I exercise after having a blood clot?

You can resume exercise as soon as your pain improves. If you had a DVT, you should resume exercising once the swelling improves. It is important to move around to maintain good blood flow in the affected limb. Mild to moderate activity after a DVT in the leg will not increase the risk of dislodging the clot to the lungs.

If you had a PE, you should start slow and gradually increase your exercise regimen as your shortness of breath and symptoms improve. It is important to move around to build up or maintain your muscle capacity.

If you are unsure about exercising talk to your healthcare professional.



Thrombosis Canada Resources

Thrombosis Canada is here for you. We answer every email that we receive. Please visit our website www.thrombosiscanada.ca where you can learn about the latest in blood clot resources including our [Patient Information Sheets](#) (see below for links and QR codes), upcoming Thrombosis Canada activities, and ways to get involved. If you have any questions, please do not hesitate to send an email to info@thrombosiscanada.ca. You can also connect with Thrombosis Canada on Facebook, Twitter, Instagram, LinkedIn, and YouTube.

You can still live life to the fullest and be your best self after a blood clot diagnosis.

Patient Information Sheets



[Access all the Patient Information Sheets here, including sheets on the different anticoagulants.](#)



[You have a DVT](#)



[You have a PE](#)



[You have an arm DVT](#)



[Choosing an anticoagulant](#)



[Clots and pregnancy](#)

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