



## 6. VENOUS THROMBOSIS

Venous thrombosis is the formation of an obstruction inside the venous system. When it happens into the leg it can create fragments (emboli) travelling to the lungs and potentially leading to death.

One in four people around the world dies from conditions related to thrombosis. Correct diagnosis and management is fundamental.

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### VENOUS THROMBOSIS

1. Venous thromboembolism is a blood clot of the veins of the legs (deep venous thrombosis), or lungs (pulmonary embolism,). Patients should be informed about their risk factors.
2. Symptoms of a deep venous thrombosis in the arms or legs include pain, swelling, redness, tenderness, fever, bulging veins, and skin discoloration. Symptoms of a pulmonary embolism include chest pain, fast heart rate, coughing up blood, and shortness of breath.
3. Patients who are obese or who have varicose veins are at increased risk of blood clots.
4. Genetic testing may be suggested in a first episode of unprovoked thrombosis for patients under 50 years old, thrombosis with the only risk factor of hormonal therapy or pregnancy, and recurrent VTE if it will affect the further clinical decision on treatment and prophylaxis.
5. Venous thrombosis is common in cancer patients and must be treated with anticoagulation. A specialist should discuss the options for anticoagulation if you develop a venous thrombosis while you have cancer.
6. Superficial venous thrombosis brings the risk of deep venous thrombosis and pulmonary embolism.
7. Special venous catheters can be used by qualified experts to treat specific cases of thrombosis. Guidelines vary among countries and require careful specialist evaluation of the risks and benefits.
8. Pharmaco-mechanical thrombolysis is clot treatment and removal through a catheter. This treatment is safe in expert hands after proper consideration of the risks and benefits. A careful specialist evaluation must be performed to avoid treatment when not appropriate.
9. Before starting anticoagulation (blood thinner) therapy, all patients should have a thorough laboratory workup. Patients with severe kidney disease can use warfarin for anticoagulation. Patients with cancer also need a laboratory workup, and may be eligible for treatment with oral anticoagulants or low molecular weight heparin (LMWH).
10. Direct oral anticoagulants (DOAC) is the first-line options for most adults for venous thrombo-embolism treatment. Before starting a DOAC, a thorough laboratory workup, including tests for kidney function, should be performed.