

**Do remember to take with you
your medicines, and your anticoagulant
therapy record card
plus any other treatment-related
documents if you are going away
— even just overnight.**

Please note these useful numbers:

Your Hospital Physician or Surgeon's Department

Name	No.
------	-----

Haematology Department

Name	No.
------	-----

Radiology/Ultrasound Department

Name	No.
------	-----

Hospital Out-patients Appointments

Name	No.
------	-----

Hospital Pharmacy

Name	No.
------	-----

Your general practitioner

Name	No.
------	-----

Your local chemist

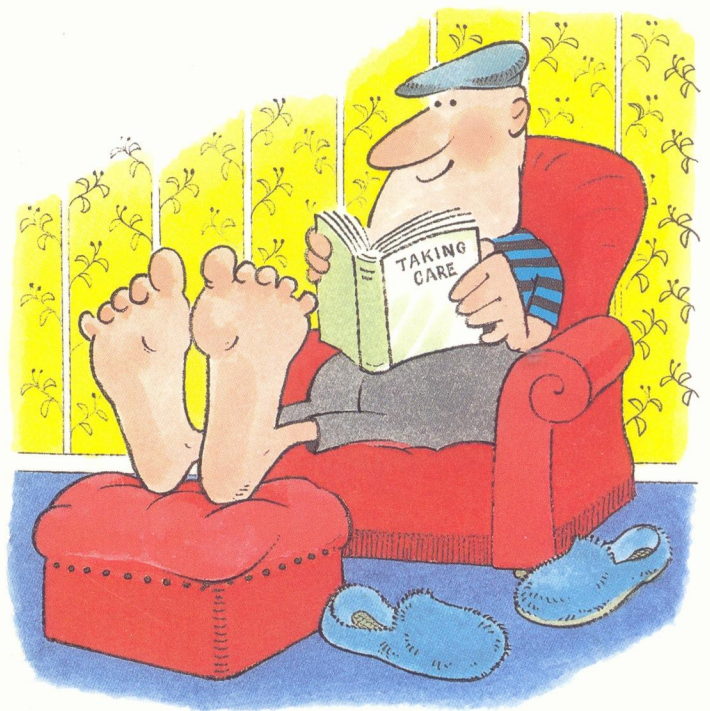
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Taking care...



**Advice for patients who
might get deep vein
thrombosis or 'DVT'**

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A few facts about deep vein thrombosis

Normal and abnormal clotting

When we have a surgical operation or an injury, our bodies respond normally by producing substances that stop us bleeding. This action — clotting — is controlled by *clotting factors* in the blood.

Usually, the clotting mechanism is desirable: it is this that prevents uncontrolled blood loss after a road accident, for example. However, a clotting action which is out of control is not desirable. That's because a clot of the wrong type, or in the wrong place, can block our blood flow completely.

Deep vein thrombosis

An undesirable blood clot is called a thrombus. When we form a thrombus eg after a surgical operation or as a result of other medical conditions, we're said to have *deep vein thrombosis* (DVT).

About half the cases of DVT have no symptoms. Fortunately, DVT is often not serious and does not lead to other medical problems.

Something else that might happen with a DVT is that part of the blood clot may break away, called an *embolus*. An embolus moving through the bloodstream can block our blood flow in an unpredictable manner, so many doctors consider that prevention of blood clots is better than cure.

Medicines given by doctors to prevent DVT include *anticoagulants* and other *antithrombotic* agents. There are also medicines that break down a blood clot that has already formed.

Possible symptoms

Listed here are some things that may indicate DVT. Tell your doctor if you have a fever (high temperature), or if you notice one or more of these effects in the lower abdomen, hip or leg:

Tenderness or pain

Leg cramps

Loss of feeling in the legs

Aching or tiredness in the legs, relieved by raising the leg whilst sitting

An unexplained feeling of warmth in the legs or lower body

Bluish skin colour

Reddening of the skin, or a purple colouring in patches

Swelling (as a result of accumulated fluid),

Suddenly prominent veins

The leg is the most common site for DVT. Very often, the only way for a doctor to detect a deep vein thrombosis in the leg is using X-ray, ultrasound or a similar method, because the patient has no symptoms at all.

If you have any questions about deep vein thrombosis or your healthcare treatment, ask your general practitioner or consultant.

What your treatment should achieve

Medicines

To prevent blood clots, doctors use three main types of *antithrombotic* medicine: anticoagulants, antiplatelet drugs and thrombolytic agents. These are described in more detail later.

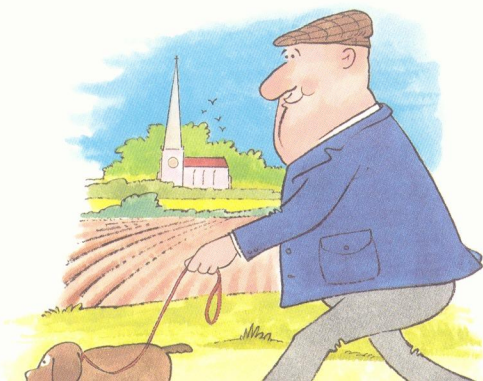
Do not take any remedies (for example those bought from a pharmacist, supermarket or other shop), including vitamins, while you are receiving antithrombotic medicines — UNLESS YOU CHECK WITH THE PHARMACIST OR YOUR DOCTOR.

Other preventive measures

As well as pharmaceutical products, doctors can also specify other therapies to prevent or treat deep vein thrombosis. Here are some examples.

Exercises

Whether you do these yourself as recommended by the doctor, or have a physiotherapist to help, certain exercises can form part of DVT treatment. Your doctor or other health professional will guide you as to which exercises are right for you.



The most important thing is to get up and about as soon as you can after your operation or any prolonged period of bed rest. Exercises, especially those involving the legs, add to the benefits of antithrombotic medicines, and are sometimes used instead of prescribed drugs.

Compression stockings

Surgeons often recommend these for people having an operation, because they can help patients to avoid DVT by keeping the blood circulation normal. They may be uncomfortable to wear, but for the sake of your health, you should keep them on for as long as the doctor specifies.

Women may benefit from support tights, if the doctor recommends these.

Drinkers and smokers please note

Alcohol also tends to magnify the effect of an anticoagulant prescribed by a doctor, and could lead to unexpected bleeding during DVT treatment.

If you change your drinking habits, it's important that you let your doctor know.

Smoking increases a person's risk of getting DVT, because it narrows the diameter of our blood vessels, and makes the blood thicker. The nicotine and other chemicals in cigarettes etc affect anticoagulant and other medicines.

Treatments used in DVT

Prescription medicines

One of these, or a combination, must only be taken as directed by a doctor. It is dangerous to take, for example, aspirin in addition to another medicine — unless your doctor has specified it.

Anticoagulant drugs

These are to help us maintain a normal blood flow. They can stop a thrombus from getting any bigger, and also prevent part of the thrombus (an embolus) breaking away and moving round the bloodstream, out of control.

Heparin and low molecular weight heparin are examples of injected anticoagulants; they are used for a few days. Warfarin is the most widely used anticoagulant in a tablet; others include phenindione and nicoumalone. They are long-term treatments.

Antiplatelet drugs

Aspirin is perhaps the best-known antiplatelet agent; dipyridamole, abciximab and sulphinpyrazone are other examples. These drugs reduce the tendency of blood cells — *platelets* — to clump together and form a blood clot. Antiplatelet medicines are used long-term.

Thrombolytic (or fibrinolytic) drugs

These are to dissolve clots. Sometimes, the body's natural mechanisms are enough to break down an existing clot, so a thrombolytic medicine isn't needed. Examples of thrombolytic or fibrinolytic agents are: streptokinase, urokinase, anistreplase, alteplase, reteplase, and tissue plasminogen activator (tPA).

All medicines, including those to treat DVT, should be kept in their original containers, in a cool, dark place that is out of the reach of children.

Taking tablets and capsules

You should take tablets or capsules only when in an upright position — preferably standing. Swallow a cupful (or equivalent) of water as soon as you have taken the medicine. This is to make sure that a tablet or capsule does not remain in your throat, and starts working where it should.

Try to remember (or keep a note of) what the doctor tells you about the strength and dose times of any prescribed medicine. If you collect a repeat prescription from the pharmacist and the label is different from what you expected, tell the pharmacist right away.

Do not take any remedies (for example those bought from a pharmacist, supermarket or other shop), including vitamins, while you are receiving antithrombotic medicines — UNLESS YOU CHECK WITH THE PHARMACIST OR YOUR DOCTOR.

Continue to take your medicines for as long as the doctor has prescribed, even if you begin to feel better.

Never give your medicines to anyone else for them to take. Do not take medicines given to you by other people, even if their symptoms seem to be the same as yours.

Other doctors, dentists, therapists — and hairdressers

During treatment for deep vein thrombosis, it is important that you carry with you at all times your *anticoagulant record card* or other

This is so that, if you are away from home and require medical attention urgently, any doctor can find out what antithrombotic medicines you are taking.

If you ask advice from a pharmacist, or go to a dentist or dental hygienist, you must inform them that you are receiving antithrombotic treatment. The same applies if you visit, for example, physiotherapists, acupuncturists, herbalists and other alternative practitioners, osteopaths, chiropractors, chiropodists, and even a hairdresser, barber, or beautician or you are planning to have your ears pierced.



Why blood tests are important

Doctors adjust the dosage of various medicines to achieve the right balance in DVT therapy. This avoids both uncontrolled bleeding and also uncontrolled clotting. To find out how much and which kind of treatment is best for you the doctor may have to order a series of blood tests. These are done by the Haematology Department of the hospital, and also by some local health centres.

After the doctor has got the balance right, it is dangerous for a patient to take any other medicines — even those not on prescription —

Taking care about the house

General

When you are receiving medication to make your blood thinner (more free-flowing), you are much more likely to notice the bruising from even minor bumps or knocks, and to have unexpected bleeding from small cuts. This also applies to nosebleeds, and to bleeding from the gums.

All medicines, including those to treat DVT, should be kept in their original containers, in a cool, dark place that is out of the reach of children.

Even if you are just moving carefully around the house, make sure that you wear some well made slippers at least. These will help you to avoid injuries such as stubbed toes if you walk into any furniture.

The ideal protective footwear in the house is the heavy-duty rubber sandal with an adjustable strap that goes over the top of the foot. The best type has a thick ridge right around the foot and absorbs any contact made with furniture whilst you are walking about. These sandals should be worn with socks. *Scholl* sandals are available from larger branches of pharmacies.

In the bathroom

It is quite easy to cause bleeding from the gums while brushing the teeth or using dental floss. Be extra careful with dental hygiene during the DVT treatment period, as even minor bleeding from the gums might be difficult to stop. Consider using a softer grade of toothbrush bristle.

Similarly, you should be cautious when using a razor for 'wet' shaving. An electric shaver may be preferable.

Hobbies and cooking

If you want to carry on with normal hobbies and domestic chores whilst you are being treated for DVT, there are some precautions you should take.

When gardening or doing woodwork or similar do-it-yourself activities, you should wear protective gloves.

In the kitchen, take care with utensils that slice or scrape; use an oven glove when handling hot dishes. Take extra care to ensure that you are not scalded by hot water or steam. If you do burn or scald yourself, check Page 31 of this booklet for FIRST AID action.



For sewing and similar activities, make sure you wear a thimble. Avoid pinpricks and scissor cuts. Be especially careful if working with paper, as the edge of a sheet can make a deep cut.

If you are injured during your treatment period, especially if it involves your head, an eye or a moving joint, or have bleeding of any sort that you can't control, you should report to the Accident &

Things that help

General

Everyone who has had or might get DVT should raise their legs if possible when they sit in an armchair. The feet should be supported, for example on a low table with cushions on it, to a height greater than the seat of the chair.

Well made footwear helps to protect the feet and ankles from injury after an operation. Lower limbs are more likely to get injured when we are at risk from DVT. For outdoor walking, leather shoes with thick, rubber soles and heels such as Dr Marten's are suitable. Industrial workwear suppliers have shoes and boots with reinforced toecaps that can prevent injury from dropped objects.

The skin can get quite dry with deep vein thrombosis. You should gently massage your legs with a moisturizer each day. This will help to keep the skin in good condition, and can prevent flaking.

An insect repellent can help to avoid the problems caused by insect bites received during DVT therapy.

Exercise

Gentle exercise, and any activity that is recommended by your doctor, is a good thing after an operation. Some examples might be walking and swimming.

Cycling can lead to bumps, knocks and grazes. If you want to carry on cycling, use a cycling helmet and, ideally, protective pads or shields around joints: ankles, knees, elbows and shoulders.

Properly made protective equipment can be bought from specialist cycle shops, skateboard

suppliers and larger High Street pharmacies. Shinpads are obtainable from football kit suppliers.

Diet and drink

Don't make a big change in what you eat or drink during DVT therapy without telling your doctor. Food and drink contain vitamins and other nutrients that affect blood clotting. One or two small measures of alcohol daily may be beneficial, but don't start drinking if you haven't previously done so — without informing the doctor first. If you are used to a little regular drink, do not exceed this small amount without asking your doctor about it.

You can help to reduce the possibility of DVT by keeping your weight under control. Your doctor will advise you if you are overweight and need to take action about this.

Even if you are not overweight, a healthy, balanced diet can assist the recovery from an operation. Your doctor can give you diet sheets to suit your situation.



Things you should try to avoid

There are certain things that make DVT more likely to happen, or make it worse if you already have DVT. For example, remaining inactive after a surgical operation. On this page we list some possible causes of DVT, and things that might delay your recovery.

Try to avoid standing for long periods, for example when queuing in a shop, bank or post office. If you must stand still for some time, flex the muscles in your legs occasionally, and keep moving your toes and ankles to help the blood to circulate normally.

When you're sitting for a long time

To remain sitting still for long periods, for example in front of the TV, is not good for people at risk from DVT. You should try and get up and move around at least once an hour.

Sitting in a cinema, theatre or stadium seat could also cause problems. Take advantage of any intervals to walk about. Try to book an aisle seat, so that you can stretch your legs.

Airlines have developed 'in-flight exercises' for passengers who sit for long periods on international flights. These exercises are useful in *any* situation where you might be seated for a long time, such as in theatres or on an extended journey by car, train or coach.

On long-distance travel

Avoid sitting still for long periods when travelling by car, train, coach or plane.

In a car

If you are a passenger in a car, there are some simple exercises you can do while sitting still. They are the same as the 'In-flight exercises' listed below.

You should also ask the driver to stop once an hour so that you can take a brief walk. If this is not possible, such as when you are on a motorway, do the exercises at least.

On a train

Stretch your legs regularly whilst in your seat. Walk to other carriages at least twice an hour. Do the 'In-flight exercises' listed below.

On a coach

On journeys lasting more than an hour, make sure you at least stand up occasionally. If it is possible to walk in the aisle, do so. If the coach stops for brief periods, take advantage of these breaks and go for a short walk.

While sitting, do the 'In-flight exercises' listed below. These can help to 'pump' blood around the body more effectively.

On a plane

If it is necessary for you to take a long flight, ask your doctor to help you obtain some compression stockings. It is important that you get the right size, so if possible try them on first. Wear them just before, during and for 3 days after the flight. Remember, compression stockings are not suitable for everyone – again, ask your doctor for advice.

The effects of alcohol are increased by cabin pressurisation on an aircraft. People at risk of DVT should note that alcohol can induce sleep and that sedative products should also be avoided as moving

Traveller's syndrome is a condition thought to be caused by sitting still for long periods in cramped conditions. To counter it, drink plenty of non-alcoholic liquids and try to bend your feet and legs frequently whilst seated.

When you visit the toilet choose one that is furthest away from your seat. Once inside, don't stand still for too long but do some partial knee bends and flex your leg muscles (especially your calf muscles).

Avoid tight clothing: abdominal gases expand by up to a third under cabin pressure, and compression around the waist can slow blood flow in the main veins. As a rule of thumb, clothes which are tight on the ground will become much tighter once at altitude.

Some airlines provide information, including videos, about what exercises are best for people on an international flight. Here are some typical in-flight exercises:

In-flight exercises

1. If you are wearing tight shoes, remove them first. Bend your feet upwards.
2. Spread your toes. Count to three slowly while you keep them like that.
3. Point your foot downwards, and curl your toes under you. Keep them like that for another count of three.

Repeat these three steps every half-hour on a long journey.

If you notice a chest pain, aching legs and/or any swelling even several days after a long journey, seek medical attention right away.

Other things to avoid

When we are being treated for deep vein thrombosis, there are some other things we should avoid. These include, for example:

Cycling

Any contact sport

Bites and scratches from dogs, cats etc

Insect bites

Any activity in which you might get bruised, cut or scratched

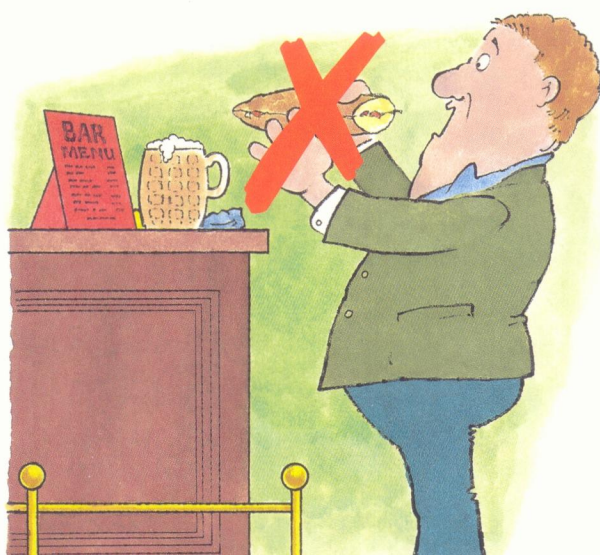
Abrasive foods:

Potato crisps

Crusty bread

Salted nuts

— can cause tiny cuts in the gums



Make sure you tell your doctor ...

Tell your doctor if you have in the past ever had an allergic reaction to a medicine, or to an ingredient used in medicines. For example, the preservative which can be part of the formula of certain drugs can trigger an allergy.

Some people go to see a new doctor before their medical history notes arrive. It is important to tell the doctor if you have, or used to have, any of these conditions:

asthma

bacterial infection

biopsy done recently

bleeding or clotting problems

blood pressure too low or too high

brain haemorrhage

diabetes

endocarditis*

eye problems (eg bleeding)

kidney trouble

liver problems

migraine

nasal polyps

stroke

thrombocytopenia†

* Endocarditis is a condition in which the linings of the heart and the heart valves become inflamed.

† Thrombocytopenia is a shortage of blood cells

Also let your doctor know, after DVT therapy starts ...

If you have any of the side-effects listed on page 23.

If you miss a dose of your medicine, or accidentally take extra medicine.

If you have ever had an allergic reaction to a medicine.

If you are going away from home on a journey.

If you intend to change your diet or your intake of alcohol.

If you start or stop smoking.

If you have ever had, or think you now have, an ulcer.

If you are worried or stressed about anything.

Women:

If you are pregnant, have recently had or are planning to have a baby.

If there is any kind of change in your monthly period.

If you want to take any kind of alternative therapy, you must let your doctor know. You must also tell the alternative therapist that you are receiving antithrombotic medicines.

Some side-effects with DVT treatments

Tell your doctor if you have any of the side-effects listed in this section.

Please note

Because antithrombotic therapies encourage blood to flow rather than clot, you may bleed more than normal, and notice that you bruise easily.

If your medicine has to be injected, there may at times be soreness or reddening around the injection site. Many medicines are not recommended for a woman who is breast-feeding, or who is or plans to be pregnant.

Allergy

You could have an allergic reaction to any medicine, including those given to treat DVT. An allergy might show up as a rash, reddish lumps on the skin, and itchiness. It could also make you feel generally ill or dizzy, or could cause breathing difficulties, sickness, diarrhoea or stomach pains.



Very rarely, there may be dark patches on the skin, or some hair loss, as a result of an allergy.

Aspirin

Aspirin can irritate the stomach lining and cause gastric upsets and other digestive problems. If your doctor has prescribed aspirin, take it only after meals.

Aspirin therapy may have to stop a few days before a surgical operation: your doctor or surgeon can advise you about this. Alcohol increases the potency of aspirin, so it may be safest to avoid it if your DVT treatment includes aspirin. Some people are allergic to aspirin.

Warfarin

Warfarin is an anticoagulant, taken by mouth, that takes effect after a few days. It is therefore sometimes used to continue DVT therapy after an injected anticoagulant (such as heparin) has been given first.

Treatment with warfarin may have to be stopped before a surgical operation: your doctor or surgeon can advise you about this. Alcohol affects the action of warfarin, so should not be taken at the same time.

Medicines that may cause problems when used with warfarin include: antibiotics, aspirin, epilepsy treatments, cimetidine, diabetes therapies, laxatives, and vitamins. Details are available from a pharmacist or your doctor.

Possible side-effects with these and other DVT therapies

- aching bones or joints
- bleeding more than normal
- breathing difficulties
- bruising more than normal
- chest pain
- cold fingers or toes
- cramp (eg in leg)
- diarrhoea
- disturbed digestion
- dizziness
- eyes sore or red
- faintness
- fever (high temperature)
- flushing
- hair loss
- headache
- heartburn
- high temperature (fever)
- indigestion
- itching
- loss of libido (in men)
- nausea
- pain when urinating
- rash
- restlessness
- stomach ache
- urine discoloured (eg orange, pink)
- vomiting
- whistling/ringing sounds in the ears

For complete information about possible side-effects, you must consult the printed details supplied by each

To help the treatment to work ...

Taking medicines

A treatment for deep vein thrombosis has to be calculated quite carefully by the doctor, and is tailored to your exact needs.

It's important that, for the treatment to work properly, you take any medicines in exactly the right doses and at the times specified by the doctor.

If you get into the habit of taking a medicine at the same time of day, and especially if you leave a note of the dose and time in a prominent place, you will be less likely to forget.

It is easier to remember to take medicines at mealtimes.

Keeping appointments

To check how the treatment is progressing, regular blood tests are needed. From the results of these your doctor can change, start or stop therapies as needed. It is therefore vital that you attend the health centre or hospital for a blood test on the days when the doctor asks you to.

From time to time, it will also be necessary for your doctor or consultant to see you and find out how your recovery is getting along. These appointments, like the blood tests, are essential for successful treatment.

Please make sure that you record carefully any appointment to see a doctor or take a blood test. A safe and sure way to remind yourself of forthcoming appointments is to mark them on a calendar that you keep in a noticeable place

Some useful medical terms

Allergy

When a natural or man-made substance triggers an over-reaction in the immune system.

Anticoagulant medicine

A drug that helps to prevent blood clots.

Antiplatelet medicine

A drug that helps to stop platelets — the blood cells responsible for blood clots — from sticking together.

Antithrombotic medicine

A drug that helps to prevent a thrombus or an embolus causing trouble in the bloodstream.

Blood clot

An unwanted lump of blood platelets, also called a thrombus. This can cause a blockage in the flow of blood around the body. A piece of the clot (an embolus) might break away, and travel to another part of the bloodstream and cause problems. A blood clot in the leg is usually called deep vein thrombosis.

Blood platelets

Small disk-shaped structures associated with blood clotting.

Blood test

A check on the effect that your DVT treatment is having. It helps doctors to decide what change to make, if any, in your medicine. When people are taking the anticoagulant warfarin, for example, they are often tested for their International Normalized Ratio, or INR. This is a measurement, taken from a tiny sample of blood, to show if a person's blood is flowing correctly.

Calf

The back of the lower leg, between the knee and the ankle.

Clotting factors

Components of human blood that help us to stop bleeding after we have had a cut or bruise.

Compression stockings

Leggings that fit quite tightly and help your blood circulation to stay normal, and prevent blood clots or an embolus.

DVT, deep vein thrombosis

A blood clot in the leg that can happen after a surgical operation, pregnancy or a long period of bed rest.

Economy class syndrome, ECS

First described in a report to *The Lancet* by a British surgeon, Mr. Bryan Jennett, this is deep vein thrombosis thought to be caused by long-distance travel in cramped conditions. Mr. Jennett developed a pulmonary embolism after a transatlantic flight, and wrote about the experience.

Embolus, embolism

This is part of a thrombus or blood clot, that breaks away and can travel to a vital point in the bloodstream — for example if it is near the lungs it is called a pulmonary embolism.

Endocarditis

Inflammation of the linings around the heart and heart valves. People who have had this condition may not be able to take some antithrombotic medicines. If you have recently changed your doctor, make sure that the new doctor is informed if you previously had endocarditis.

Haematology Department

Haematology is the study of blood. The Haematology Department of a hospital is responsible for taking small samples of blood from patients, then testing for blood components such as clotting factors.

Heparin, low molecular weight heparin

Types of anticoagulant that are given by injection. These medicines can help to prevent blood clots happening, and can stop existing blood clots from getting any bigger or releasing a potentially dangerous breakaway particle called an embolus.

Immune system

The mechanism in the human body that responds when a foreign (non-human) substance is tasted, touched, injected or breathed in. Among the things that are foreign to our bodies are certain chemicals, specific food and drink, and organisms like viruses and bacteria. The immune system, when it detects an invader, produces antibodies to protect us. The action of antibodies shows up, for example, as skin reddening and swellings, itching and other 'allergic' responses.

INR, International Normalized Ratio

The International Normalized Ratio or INR is a guide to the consistency of blood. If the blood is too thick and 'sticky', it may be prone to clotting. If the blood is too thin, it might cause uncontrolled bleeding. A patient receiving warfarin, for example, has the INR measured to see whether more, less, or the same amount of anticoagulant is required.

Libido

The desire to have sex.

Lung scan

A diagnostic technique to see if there is a blood

Support tights, Compression stockings

Leggings that fit quite tightly and help your blood circulation to stay normal, and prevent blood clots or an embolus.

Thrombocytopenia

A shortage of the blood cells that cause blood to clot. Make sure your present doctor knows if you have had this condition in the past.

Thrombolytic medicine

An agent that controls the production of blood chemicals responsible for clotting, and that causes an existing clot to dissolve.

Thrombus

A solid lump of blood platelets, also called a blood clot. It can block a vein or artery. Part of a thrombus that breaks away and moves round the body is called an embolus.

Ultrasound

A way of checking for blood clots, using a machine that sends out sound waves then measures the echoes coming back.

Venogram

An X-ray technique that reveals the veins in our legs, and any blood clots that might be in them. To make the veins show up clearly, it is usually necessary for the doctor to inject a kind of dye: a 'contrast medium'.

Warfarin

An anticoagulant medicine that is taken by mouth.

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IMPORTANT: PLEASE NOTE. The topics in **bold type** are those which might require you to take urgent action. Refer to Page 31 for advice about FIRST AID.

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FIRST AID

1. If you have a cut or bruise, take a clean cloth, rinse it in cold tapwater then wring it out.
2. Hold the damp cloth on the cut or bruise for about 5 minutes.
3. If this does not reduce the bruising or stop the bleeding, seek medical help right away.

Seek medical attention immediately if you notice any of the following:

A pain in the chest, and shortness of breath
Bruising or redness around an injection site
Itching, swelling or other allergic reactions to an injection

Uncontrolled bleeding or serious bruising
A sudden attack of diarrhoea
Very heavy menstrual bleeding (monthly period)

Brown or black patches appearing on the skin

Vomit containing blood or granular brown material

Sudden stiffness in your joints

Red urine

Blood in stools

Passing black stools

If you would like more information, please refer to *The British Medical Association Guide to Medicines & Drugs*, published by Dorling Kindersley Limited, London.