Rx FOR SUCCESS

Emboli and Deep Vein Thrombosis (DVT)

Deep vein thrombosis (DVT) are blood clots that form in the larger veins deep within the lower extremities or the pelvic area. A blood clot in a superficial vein (often in a varicose vein) has little mortality risk but can lead to local soft tissue inflammation (known as thrombophlebitis), ulceration, and infection (known as cellulitis). A blood clot in a deep vein may break off in pieces that travel first to the heart and then to the lungs. In the lungs, this event is called a pulmonary embolism (PE). A large clot to the lungs can cause acute pulmonary hypertension, low oxygen, and sudden death. Smaller clots can cause symptoms but may not cause sudden death. The death rate in recurrent PE is 45%.

DVT often causes leg pain and swelling, while the classic symptoms of PE are sudden onset of chest pain, shortness of breath, and cough productive of bloody sputum. Diagnosis is difficult and dangerous episodes can be misdiagnosed. Possible tests to detect DVT and PE include MRI, CT scanning, blood tests, ventilation-perfusion scan, venogram, and compression ultrasound of legs. Pulmonary angiogram is the best test for PE.

Risk factors for DVT (and subsequent PE) are stasis, trauma, and hypercoagulability. Stasis is associated with events that cause decreased mobility and/or reduced blood flow (such as being bedridden or in a leg cast). Soft tissue injury may cause direct damage to the vein. Any history, however old, of lower body trauma or surgery puts a person at risk for DVT. Hypercoagulable states are discussed under bleeding and clotting disorders (See Hypercoagulable Clotting Disorders).

Initial treatment for clots and emboli is usually hospitalization and anticoagulation therapy with injections of Heparin or Heparin-like products such as Lovenox and Fragmin. This is followed by oral anticoagulant with Coumadin for six months. In some cases, lifelong Coumadin treatment is required. Recurrent episodes are sometimes surgically treated with an intravascular filter (a Greenfield filter) to catch clots in the blood stream before they reach the lungs.

The increased mortality associated with clots is due to complications. These are infection, pulmonary embolism, and potentially dangerous bleeding episodes caused by the anticoagulant therapy.

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Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Clots and Emboli, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of clots or emboli, please answer the following:

1. Please list date of diagnosis.

_____

2. Please note type of treatment.

☐ Coumadin ☐ Hospitalization _____ (Date)

☐ Aspirin ☐ Heparin

3. Was there a thromboembolic event?

☐ MI ☐ DVT ☐ Other

☐ CVA ☐ PE ☐ None

4. Has there been any evidence of recurrence?

☐ Yes. Please give details. _____

☐ No

5. Is your client on any other medications?

☐ Yes. Please give details. _____

☐ No

6. Has your client smoked cigarettes in the last 12 months?

☐ Yes. Please give details. _____

☐ No

7. Does your client have any other major health problems (e.g., cancer, etc.)?

☐ Yes. Please give details. _____

☐ No