

Orthopaedic Connection

Dreaded Blood Clots - The Sequel

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Transforming patient information into patient understanding.

Deep Vein Thrombosis (medical talk) or Blood Clot (patient's term) are a very serious medical problem that is managed by our Internists and Family Physicians.

I become involved in the problem in two ways as an Orthopaedic Surgeon.

Any patient having surgery, especially Orthopaedic Surgery is at risk to develop deep vein thrombosis. It goes with the territory so to speak. So my staff and I have to be extremely vigilant about this possibility in our postoperative patients.

The second way we meet deep vein thrombosis is seeing patients in the office or hospital who have not had recent surgery, but appear to have an Orthopaedic problem. The patient I am seeing may have a deep vein thrombosis instead of a traditional Orthopaedic problem or have both things, i.e. an Orthopaedic problem and DVT (double jeopardy).

You get the picture - DVT and Orthopaedic Surgery are connected closely.

Last time I made you aware that clots can be very hard to diagnose especially if I am not constantly thinking about the possibility.

Key Point. The blood clots we are talking about are those that develop deep in the legs and pelvis. These are entirely different from clots that occur under the skin that cause soreness and can be seen under the skin in many cases.

DVT Complication. If a deep blood clot moves from where it originates it goes directly to the lungs (pulmonary embolism) and can kill you.

Immediate Treatment

The immediate focus of the treatment is to prevent the clot from enlarging and extending along the vein, which increases the risk of pulmonary embolism. Anticoagulants are drugs that are started immediately to try to prevent clots from growing and breaking off.

Initial therapy in the hospital includes heparin, which is fast acting. The oral anticoagulant Coumadin is usually started along with heparin. As the Coumadin takes effect the heparin is usually discontinued.

How long a person needs to take Coumadin after a DVT varies widely and depends on several factors beyond our discussion.

Other measures on occasion include placing a clot trapping filter in the vena cava to block a clot coming from your legs headed for your lungs. In rare cases a clot dissolving drug is used to try to dissolve a DVT, but this carries the risk of severe bleeding.

Residual Damage

A deep vein thrombosis results in residual blockage of the vein and impaired blood flow from your legs. The result is leg swelling due to fluid accumulation and skin problems. This is called post thrombotic syndrome that occurs 30 - 50% of the time. It can be hard to control even with the use of well fitting compression stockings.

Key Point: The earlier the diagnosis is made gives the patient the best outcome with the fewest complications.

I hope this increases your awareness and understanding of one our enemies - deep vein thrombosis.

Check out our office teaching website www.orthopodsurgeon.com and Your Orthopaedic Connection for more information about Orthopaedic Surgery and musculoskeletal problems.

Our goal is simple - To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush