



The information in this pamphlet is for adults, who are not pregnant and have not had a blood clot before.

# Preventing a blood clot

If you are at risk of a blood clot, your health care provider may prescribe treatment to prevent the clot. The treatment will depend on how high your risk of a blood clot is. It may also depend on other things such as whether you are in hospital, living in a long term care facility (nursing home), or taking a long trip.

## What are blood clots?

When you cut yourself, like a cut on your hand or arm, blood clots can be good. They stop the bleeding.

When a blood clot forms inside the body, it can sometimes block a blood vessel, such as a vein or artery. If blocked, blood may not be able to flow and organs could be damaged.

## What are blood clots?

### HIGH RISK

- are over 60 years of age
- are obese
- are pregnant (or recently gave birth)
- take birth control pills
- take hormone replacement therapy
- have cancer
- had surgery recently
- are in hospital and lying in bed
- had a blood clot before
- have a medical condition, such as high cholesterol, high blood pressure, diabetes,
- chronic inflammatory disease
- was in hospital or in nursing care facility in last 90 days

### LOW RISK

- sit most of the day
- had a minor injury
- are ill
- have an infection

### NO RISK

None of the above

## How can blood clots be prevented?

You can discuss your risks of having a blood clot with your health care providers. You and your providers can make a plan about how to prevent a blood clot. The plan will depend on your risks, your health and what you are doing. They may prescribe medications or suggest other ways to prevent a blood clot.



**If you have symptoms of a blood clot including swelling, pain, tenderness, or redness of the legs or arms; difficulty breathing, chest pain or discomfort; contact your doctor right away.**





## Taking a long trip (more than 4 hours long)

### If you are at higher risk of a blood clot

Your health care provider may tell you to wear graduated compression stockings or take a blood thinner, called low molecular weight heparin.

If it's not possible to wear the stockings or take a blood thinner, your doctor may tell you to take aspirin.

RECOMMENDATION 18 AND 19 [↗](#)



**Benefits:** 0 to 20 fewer people out of 10 000 may have a blood clot if they wear compression stockings.

**Harms:** There may be no serious harms when wearing compression stockings

### If you have no risk of a blood clot

Your health care provider may tell you that you do not have to wear compression stockings or take blood thinners.

RECOMMENDATION 17 [↗](#)



## Receiving health care and living at home

### If you are at low risk of a blood clot

Your health care provider may tell you that you do not have to take blood thinners.

RECOMMENDATION 16 [↗](#)



**Benefits:** If people take blood thinners at home, there may not be more benefits

**Harms:** If people take blood thinners at home, there may be more people who have a major bleed and need to go to hospital – 4 to 13 more people per 1000.



**Compression stockings** are special knee-high (or thigh-high) socks that keep blood from “getting stuck” in your legs.

**The stockings** put pressure near your ankle and less pressure higher up your leg. This helps the blood in your leg move up to your heart.



**Blood thinners** do not actually thin your blood. They increase the time it takes for your blood to clot.

Some **blood thinners** are given by needle. Heparin is a blood thinner given by needle. There are two types:

- standard or unfractionated heparin (UFH)
- low molecular weight heparin (LMWH) - dalteparin (Fragmin) or enoxaparin (Lovenox) or tinzaparin or nadroparin.

You can only have UFH in hospital. But you can give yourself LMWH or get it at the doctor's office.

Some **blood thinners** are taken as a pill:

- direct oral anticoagulants (DOACs), such as apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Lixiana or Savaysa), or rivaroxaban (Xarelto) pills
- Vitamin K antagonists (VKA) - warfarin (Coumadin) pills
- antiplatelets - aspirin pills or liquid.



## Going home after being in hospital for a severe illness

Your health care provider may prescribe different treatments while you are in hospital to prevent a blood clot. When you go home, your doctor will not prescribe a blood thinner to you.

RECOMMENDATION 13 AND 14 [↗](#)



**Benefits:** If people take blood thinners at home after being in hospital, there may be a very small number of people who would benefit: 2 to 5 fewer people out of 1000 would have a blood clot.

**Harms:** If people take blood thinners at home after being in hospital, there may be more harms: 4 to 13 more people per 1000 may have a major bleed and need to go back to hospital.





### Living in a nursing home

There may be more harms, such as bleeding, if you take a blood thinner to prevent a clot. Your health care provider may not prescribe a blood thinner for you.

RECOMMENDATION 15 [↗](#)



### Have a long-lasting medical condition

(such as high cholesterol, high blood pressure, diabetes, or chronic inflammatory disease)

There may be more harms, such as bleeding, if you take a blood thinner to prevent a clot. Your health care provider may not prescribe a blood thinner for you.

RECOMMENDATION 15 [↗](#)



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## SPEAKING WITH YOUR HEALTH CARE PROVIDER

### To understand the different reasons to take a blood thinner to prevent a blood clot, you can speak to your health care provider about

- your risk of having a blood clot
- the pros and cons of taking a blood thinner or wearing compression stockings
- whether you want to take blood thinners or wear compression stockings
- how often you have to take blood thinners or if you need help putting on the stockings
- how often you need blood tests to check how well your blood thinner is working
- how much it costs
- what support is available for you and your family
- where to find more information

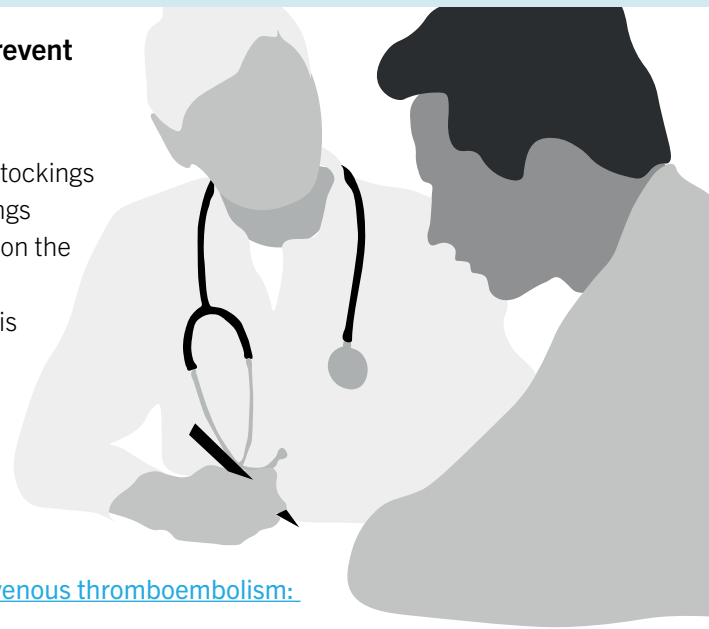
Link to the guidelines:

[American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and non-hospitalized medical patients](#)

Holger J. Schünemann, Mary Cushman, Allison E. Burnett, Susan R. Kahn, Jan Beyer-Westendorf, Frederick A. Spencer, Suely M. Rezende, Neil A. Zakai, Kenneth A. Bauer, Francesco Dentali, Jill Lansing, Sara Balduzzi, Andrea Darzi, Gian Paolo Morgano, Ignacio Neumann, Robby Nieuwlaat, Juan J. Yepes-Nuñez, Yuan Zhang, Wojtek Wiercioch; American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and nonhospitalized medical patients. *Blood Adv* 2018; 2 (22): 3198–3225. doi: <https://doi.org/10.1182/bloodadvances.2018022954>

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**ASH CLINICAL PRACTICE GUIDELINES**  
VENOUS THROMBOEMBOLISM (VTE)

[hematology.org/VTEguidelines](https://hematology.org/VTEguidelines)