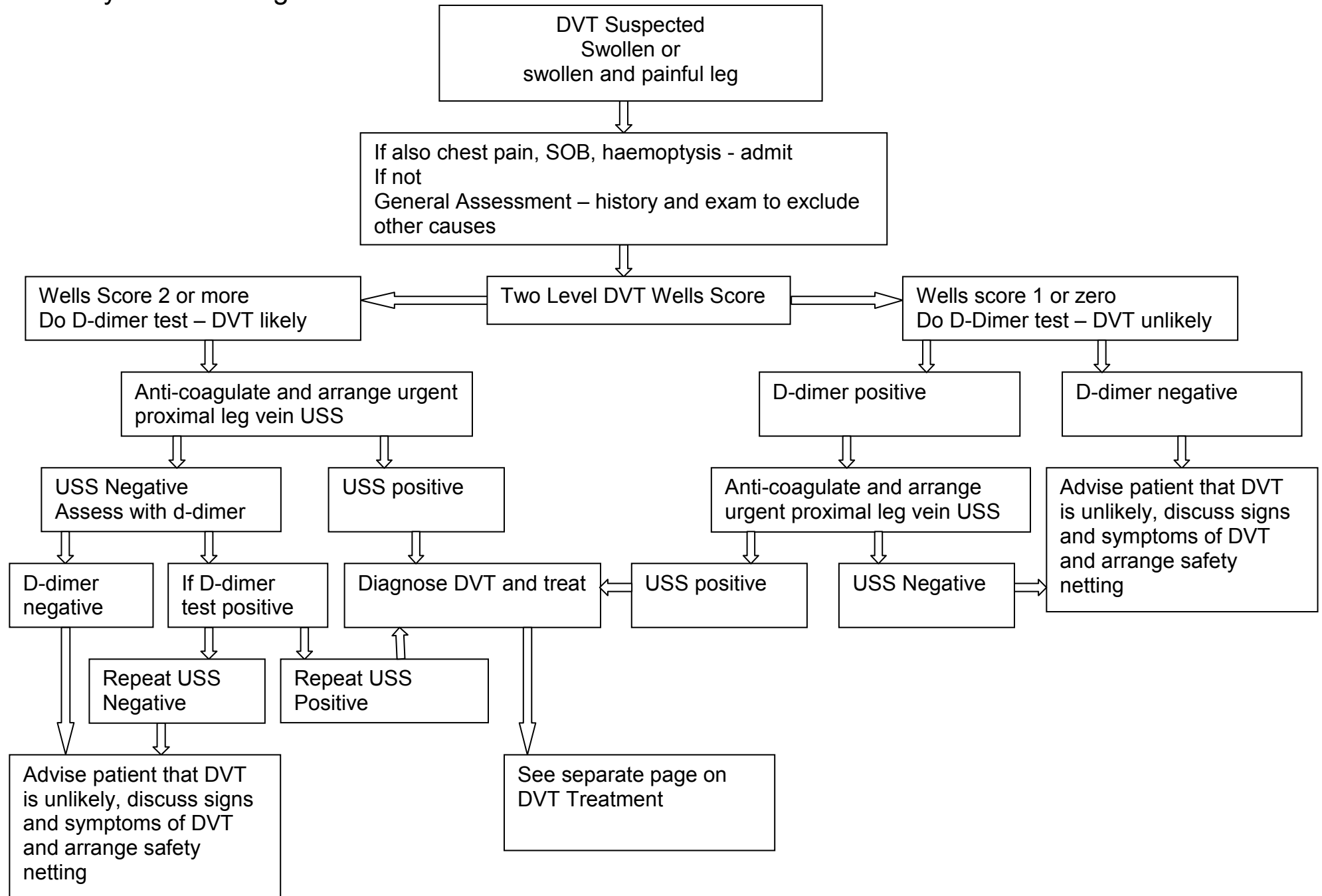


Pathway for DVT Diagnosis and treatment



Pathway for DVT Diagnosis and treatment

Treatment of DVT

This comprises three main streams

1. Anticoagulation
2. Below knee compression for 2 years
3. Investigation of the Unprovoked DVT in a patient not known to have cancer

Patient information/education is also an important part of the treatment.

Anticoagulation

The recommendation is for GPs to use Rivaroxaban for the complete treatment of the episode from the initial anticoagulation of a patient with a suspected DVT awaiting an ultrasound and then the full 3 months of anticoagulation. It will cost £23 more for the full 3 month course but there is no need for warfarinisation it will be cheaper overall for the health economy. The dose is 15mg twice a day for 21 days, then 20mg once a day for the remaining 70 days.

Below Knee Compression

The June 2012 NICE guideline recommend compression of the affected leg using a minimum of 23mmHg compression at the ankle. It was recommended that the stockings were replaced 2-3 times a year according to the manufacturers' recommendation. This is to prevent the chronic pain, swelling and leg ulcers of post-thrombotic syndrome that affects 20% of patients with DVT.

Investigation of the Unprovoked DVT

Provoked cases could occur in those known to have cancer, or after trauma, surgery, significant immobility, pregnancy, the puerperium, or while taking HRT or hormonal contraception.

All patients with an unprovoked DVT should be offered investigations to exclude malignancy to include physical examination, urinalysis, a full blood count, calcium, liver function and a chest x-ray. The NICE guidance also recommends consider a abdomino-pelvic CT in those over 40 (and mammogram for women) who do not have signs of cancer on initial examination.

It is also recommended to consider testing for antiphospholipids in all patients prior to stopping anticoagulation and checking for thrombophilias if the patient has a first degree relative with a thrombophilia.