Pathway for DVT Diagnosis and treatment **DVT Suspected** Swollen or swollen and painful leg If also chest pain, SOB, haemoptysis - admit If not General Assessment – history and exam to exclude other causes Wells Score 2 or more Two Level DVT Wells Score Wells score 1 or zero Do D-dimer test – DVT likely Do D-Dimer test – DVT unlikely Anti-coagulate and arrange urgent D-dimer positive D-dimer negative proximal leg vein USS Advise patient that DVT USS positive Anti-coagulate and arrange **USS Negative** Assess with d-dimer urgent proximal leg vein USS is unlikely, discuss signs and symptoms of DVT and arrange safety D-dimer If D-dimer Diagnose DVT and treat USS positive **USS Negative** netting negative test positive Repeat USS Repeat USS Negative Positive Advise patient that DVT See separate page on is unlikely, discuss signs **DVT Treatment** and symptoms of DVT and arrange safety netting

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 abdominopelvic 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 antiphospolipids in all patients prior to stopping anticoagulation and checking for thrombophilias if the patient has a first degree relative with a thrombophilia.