

INFORMATION FOR PATIENTS

Pulmonary embolism

Introduction

The aim of this leaflet is to let our patients know more about pulmonary embolism (PE), what it is, and how we can manage it.

What is pulmonary embolism (PE)?

A pulmonary embolism (PE) is a term used to describe a blood clot in the vessels of the lung. It is usually a dislodged clot from the deep veins of the legs (where it is known as deep venous thrombosis, or DVT).

What are the symptoms of a PE?

People normally develop sudden onset breathlessness and/or chest pains, which are usually sharp in nature. Sometimes people will cough up blood, feel faint or blackout. Occasionally symptoms can develop more gradually, or PE can be diagnosed without symptoms (on a scan for another reason). Sometimes it can be life-threatening.

How is a PE diagnosed?

Diagnosis of a PE can be challenging. Most people have a specialised CT scan which requires injection of contrast dye. Sometimes another scan called a VQ is recommended instead. Often blood clots will be seen on both sides of the lung. Blood tests and heart tracings (ECGs) can also help.

Why have I developed a PE?

It is not always possible to identify a reason but there are several risk factors, including:

- Recent surgery.
- A recent hospital stay.
- A period of reduced mobility.
- Active cancer or cancer treatment.
- A previous history of PE or VTE (venous thromboembolism – blood clots in the veins).
- Pregnancy or hormone treatment.
- Blood clotting disorders.
- Increasing age.

How is PE treated?

The treatment for PE is called anticoagulation. This aims to stop the clot(s) from getting larger, to prevent the body from making more clots, and to allow the body to break down the clots over time.

Most people are given a tablet, often referred to as a 'blood thinner'. Commonly used options include apixaban or rivaroxaban. Some people need to take an older tablet called warfarin. An injection called enoxaparin is often used in hospitals.

People who are very poorly may be given 'clot busting' drugs but these have a high risk of causing bleeding so are only used when truly needed.

Some people need treatment in hospital, but others can be discharged – your doctor will assess you and advise the best approach in your situation.

What are the risks of anticoagulants?

The main risk of anticoagulants is a higher risk of bleeding. You should report any new bleeding symptoms to your GP. **You should seek urgent medical advice if you develop:**

- Unexpected or uncontrollable bleeding.
- Coughing or vomiting blood.
- Black poo / blood in your poo.
- A severe headache that won't go away.
- A fall or injury to the head.
- Severe unexplained bruising.
- Blood in the urine.

Anticoagulants should be taken at the same time every day. You should ask for an anticoagulant alert card and tell people that you are on a blood thinner if you are unwell. You should let your doctor know if you become pregnant or are planning to do so.

The anticoagulant warfarin requires close blood monitoring which will be explained to you. The newer tablets do not require this, but they must be taken every day to maintain their effect. Please take them with food if advised to do so.

Some medications can interact with anticoagulants, in particular painkillers such as ibuprofen or aspirin. Paracetamol is usually a good choice of painkiller but speak to your doctor if it isn't effective.

Please read the patient leaflet or ask your pharmacist if you have any questions about the medication.

Frequently asked questions

Is there any further follow-up required?

Most patients with a PE will receive a phone call from a respiratory doctor at three months to assess their response to treatment and discuss how long they need to continue the anticoagulation.

We are aiming to introduce a seven-day phone call to provide early reassurance and an opportunity for questions.

How long will my symptoms last?

It is common to have chest pain, breathlessness and fatigue for weeks or even months after a PE. Recovery from PE varies, and it can take many months to return to your previous level of fitness. A small proportion of people can develop a condition called pulmonary hypertension and specialist input may be needed to help manage this. This may be discussed at follow-up.

How long will I be on anticoagulants?

This is variable. Some people only need to take anticoagulants for three months, while others need to take them for six months, and some may take them for the rest of their lives. This will depend on several factors and will be discussed with you in detail at your clinic appointment.

When should I be concerned about my symptoms?

If you develop worsening shortness of breath or chest pain, go to your nearest hospital Emergency Department to be assessed.

When should I return to work?

Depending on the severity of your symptoms and the nature of your work, you may feel able to return to work within weeks. Your GP will be able to advise you about when it might be suitable to return to work.

Will I have another scan?

Repeat scans are not routinely performed as the results do not usually change your management. There are certain circumstances when more imaging may be required but your doctor will discuss this with you in your clinic appointment if this is recommended. Some patients will be recommended to have an echocardiogram to assess heart function prior to follow-up.

When can I travel / fly?

In general, flying (especially long-haul) is not advised in the first four weeks after a PE. Once your symptoms have settled and you are tolerating anticoagulation well, it should be fine for you to travel.

What is the risk of having another PE?

This depends on your individual risk factors. If there is a higher risk of a further PE, then you may opt to stay on long-term treatment to reduce this. If the risk of a further clot is low, then a shorter course of treatment will be recommended. This will be discussed at your follow-up appointment. Blood tests to assess your risk are not generally recommended but in certain situations these may be appropriate. A specialist haematology consultation is occasionally required.

How much activity should I do?

After a PE, it is advisable to avoid strenuous exercise, but you should try to carry out your normal daily activities, including walking if you feel able. Bed rest is not usually necessary. While you are on an anticoagulant, you should also avoid activities that will increase the risk of bleeding e.g. contact sports. Once your symptoms have settled you can start slowly increasing your activity.

Who should I contact if I have concerns?

Your GP may be able to help. Alternatively, you can seek advice from the Anticoagulation Nurse Team at King's Mill Hospital on 01623 622515, extension 3601 **or** 3617 **or** 3894.

Useful websites:

- www.nhs.uk/conditions/thrombosis
- www.thrombosisuk.org
- www.asthmaandlung.org.uk/conditions/pulmonary-embolism

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

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