



The Emergency Department For a Recurrent Blood Clot: What to Expect

Taking a trip to the emergency department is something that very few people enjoy doing. It can be very stressful, there's a lot of waiting involved, and it can be costly. However, for many patients it can be a life-saving trip. For patients with deep vein thrombosis or pulmonary embolism, it is especially important that they receive the treatments they need in a timely manner.

If you believe you may have a blood clot, it is important for you to seek treatment, especially if you have a history of deep vein thrombosis (DVT) or pulmonary embolism (PE).

When should you go to the emergency department?

If you've had PE or DVT previously, it can be hard to differentiate between the pain brought on from a previous episode and possible symptoms of a new issue. It is common for patients who have had DVT to experience pain in the affected leg, which can be brought on by post-thrombotic syndrome. Similarly, it is also normal for patients with PE to experience chest pain and shortness of breath while their body is healing.

Dr. Jeremiah Schuur, Director of Quality, Patient Safety and

Performance Improvement for the Department of Emergency Medicine at Brigham and Women's Hospital, shared his insight on what patients with a history of DVT/PE should watch for.

For patients with a history of DVT, they should be concerned with any changes in their symptoms that concern circulation. This includes losing feeling in the affected leg or profound discoloration of the leg.

For patients with a history of PE, determining if there is a new PE can be difficult.

"In someone who's had PE, there's not an easy way to classify new symptoms," explained Dr. Schuur. "But, a change in or worsening of the patient's symptoms, especially worsened chest pain and shortness of breath, or a patient passing out would be concerning and reasons to go in."

What can you expect if you believe you are having a recurrent pulmonary embolism or deep vein thrombosis?

While every patient's trip to the emergency department is different, there are several things that you can expect when

you visit. First, after waiting to be seen, a medical professional will take your medical history. In order to help your physician provide the best treatment for you, it's important to know all of the medications you're on. Keep an up-to-date list of medications in your wallet, or bring the pill bottles with you. If you're going to a new hospital, bringing copies of your previous DVT/PE images can also be very helpful for your physician.

Once you've provided your medical history, you will then be examined and the physician will decide what steps to take next. They will take into consideration your symptoms and your medical history, including past blood clots.

Imaging is often the next step towards diagnosis. This can happen in several ways.

For DVT, an ultrasound is the most common diagnostic test. This form of imaging uses sound waves to create a picture of the arteries and veins in the leg. Doctors can also order a blood test known as the D-dimer test.

In order to diagnose PE, doctors can use imaging tests such as computed tomography (CT) scans and magnetic resonance imaging (MRI) scans. CT scans are the more popular diagnostic tool, but doctors will avoid using

them if they're unnecessary, as they expose patients to mild radiation.

Throughout your experience at the emergency department, it's important to ask questions about anything you don't understand. It's normal for you to be seen by multiple healthcare providers, including nurses and physician assistants. All of these medical professionals are there to be a resource for you.

"Don't be afraid to ask questions. In the emergency room, it's not uncommon to be seen by nurses and multiple providers," said Dr. Schuur. "While they are all talking, it's a good idea to ask questions to make sure you understand both what the physician is considering and what the plan is."

Will you be admitted to the hospital or sent home?

It's hard to say.

Patients diagnosed with DVT can be discharged and sent home with injectable or oral anticoagulation medicine. That said, every patient is different and patients can be admitted to the hospital if their physician believes it's necessary.

Similarly, you might be surprised to find that certain patients with PE can also be discharged, according to Dr. Schuur. Studies have shown that it is safe for the right patient group, such as patients who have no other health risks and only have a small PE, to go home. This is a practice used in Europe and is less common in the United States. It is safest to assume you'll be admitted to the hospital for treatment if you are diagnosed with a PE.

What do I do after discharge?

After your visit to the emergency department, it's important to follow up with your primary care physician. They can help guide the next phase of your treatment. They may refer you to a doctor who specializes in cardiovascular disease.

DVT and PE symptoms should always be taken seriously. The emergency department is there to help you in times of need. It is always better to go in and be told you're healthy, than to not go in and miss your opportunity to get vital treatment.