

## DVT: The Silent Killer

By SAMUEL P. MARTIN, MD

March was National DVT month! DVT stands for Deep Vein Thrombosis. What is it about DVT that is so significant that national recognition is focused on it for one month? DVT is referred to as the “silent killer” and is the single largest cause of mortality in hospitals in patients with another admitting diagnosis. 60,000 people die each year from a pulmonary embolus, which is a clot thrown from a clot in the leg to the lung. Two thirds of these people die in the hospital or after discharge.

Clots in the legs occur for a variety of reasons. Some people inherit a tendency to clot, referred to as thrombophilia. This can be a factor in a woman having multiple miscarriages without a history of clots. There is a greater risk for a clot with operations or on long trips. Risk of clot is significant with patients who have orthopedic operations — back, hip, knee and in abdominal or pelvic procedures or trauma cases. Prevention involves early mobilization, pneumatic compression of the legs while in the operating room and afterward, and use of anticoagulants, especially in those with a previous history or family history of clots and in patients with cancer.

Long trips with little movement, especially with constricting garments, increases the risk of clot. Compression stockings, hydration and frequent movement or flexing the foot can help a great deal. This is especially important in overweight or obese people and in women who are pregnant because of a higher risk for clots.

In discussing clots in the legs, we must be mindful that there are two systems of veins in the legs — a deep system and a superficial system. The deep system carries most of the blood out of the legs and

is the system at greatest risk for complications from clots. We can't see or feel these veins. A clot could be “silent” with no pain or swelling or it could cause dull, heavy, pressure, pain and swelling.

Clots in superficial veins can cause a lump or cord which is tender to touch, painful especially when standing and sometimes has a pink color over it in the skin. While these clots may be painful, they don't lead to dangerous consequences and aren't a cause for panic. Nevertheless, an appointment should be made with a physician, particularly a vascular specialist and a Doppler ultrasound test should be performed. There is a 20-30 percent chance of deep vein clots when a person has superficial clots.

There is a significant difference in the treatment of deep vein thrombosis and superficial clots, often referred to as superficial phlebitis. Clots in the deep veins require therapy with heparin, for four to five days and then Coumadin, orally for several months.

Superficial clots are treated with warm or cold compresses and anti-inflammatory drugs. Even though there may be a pink discoloration over a clotted superficial vein, antibiotics are not necessary — this is inflammation, not infection. Anticoagulation is not necessary with superficial clots unless the clot spreads. With both situations, patients should usually try to stay active, wear compression stockings and elevate their legs when sitting.

Resolve to get up, get out, keep moving and wear your compression for healthy, beautiful legs.



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