

DEEP VEIN THROMBOSIS IN ADULTS

In the UK, each year around 1 in 1000 people develop a deep vein thrombosis (DVT). About 10% of calf thromboses extend proximally and around 10% of these embolise. In those who have a pulmonary embolism 3% will die. Treatment aims to reduce the risk of embolism and to restore vein patency, so avoiding the long-term problems of venous obstruction.

Assessment

Patients with a suspected DVT should have their risk assessed using the Wells Risk Probability Scoring System, which takes into account the patient's history, the clinical findings and possible alternative diagnoses (see below). The result should be used to inform patients of their possible risk of a DVT, and to help determine how quickly they should be referred to a specialist centre (see referral advice below). Scoring may need to be repeated if a patient presents with a change in symptoms, persistent symptoms or is not responding to treatment.

Wells Risk Probability Scoring System

	Score
History	
Paralysis, or paresis, or plaster immobilisation of lower limb(s)	+1
Major surgery in past 4 weeks, or being bedridden for 3 or more days, or travel lasting longer than 4 hours in the previous 6 weeks	+1
Cancer treatment in previous 6 weeks, or on palliative treatment	+1
Clinical findings	
Entire leg swollen	+1
Calf swollen; in the symptomatic leg the circumference is 3cm more than the other leg, measured 10cm below the tibial tuberosity	+1
Tenderness along deep veins	+1
Pitting oedema (worse in the symptomatic leg)	+1
Collateral superficial veins (non-varicose)	+1
Possible alternative diagnosis	
For example: musculoskeletal injuries, haematoma, chronic oedema, superficial phlebitis in varicose veins of the leg, cellulitis of the leg, arthritis of the leg, Baker's cyst	-2

Total Score	0 or less	1-2	3 or more
Risk of DVT	3% (Low)	17% (Moderate)	75% (High)

Referral advice

- Patients should be transferred to hospital immediately (♥♥♥♥) if:
 - you suspect a pulmonary embolism, bilateral DVT or extension of the DVT to the inferior vena cava, or
 - you suspect DVT and the patient is pregnant.
- Referral should be urgent (♥♥♥) if you suspect a DVT and the patient has a Wells Risk Probability Score of 1 or more (ie is at moderate or high risk).
- Referral should be for the earliest available appointment, preferably within 24 hours (♥♥), if you suspect a DVT, even if the patient has a Wells Risk Probability Score of 0 or less (ie is at low risk).