If you’ve been diagnosed with a DVT blood clot, you want to do everything you can to take charge of your condition. That starts by taking blood thinners as prescribed and wearing compression socks to help reduce the chance that a portion of your clot breaks off and travels to other parts of your body.

These treatments are a critical part of treating DVT. But they may not relieve your symptoms. Some patients may be candidates for treatments designed to also relieve their symptoms and reduce their risk for long-term DVT complications.


There are risks associated with thrombectomy treatment which include but are not limited to: abrupt closure of treated vessel, acute myocardial infarction, acute renal failure, bleeding from access site, cerebral vascular accident, death, dissection, embolization, proximal or distal, hematoma, hemolysis, hemorrhage, requiring transfusion, hypotension/hypertension, infection at the access site, pain, pancreatitis, perforation, pseudoaneurysm, reactions to contrast medium, thrombosis/occlusion, total occlusion of treated vessel, vascular aneurysm, vascular spasm, and vessel wall or valve damage.

Be sure to talk with your doctor so that you thoroughly understand all of the risks and benefits associated with treatment of Deep Vein Thrombosis.

QUESTIONS FOR YOUR DOCTOR

CLEAR UP THE CONFUSION ABOUT DVT BLOOD CLOTS, THE RISKS INVOLVED, AND YOUR TREATMENT OPTIONS.

AM I AT RISK FOR LONG-TERM COMPLICATIONS?

ARE THERE TREATMENTS THAT CAN HELP REMOVE THE CLOT?

SHOULD I SEE A SPECIALIST ABOUT MY DVT BLOOD CLOT?

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Deep vein thrombosis, or DVT, is a large blood clot that forms in one or more of the deep veins in your body. DVT usually happens in the legs or pelvis, but a clot can form anywhere in your body. Sometimes, part of the blood clot can break off and travel to your lungs. This can block blood flow and cause a pulmonary embolism, which is a serious and potentially deadly condition.

WHAT IS DVT?

It’s important to know that approximately 50% of people with DVT experience no symptoms at all. For people who do have DVT symptoms in the affected body part, the most common ones include:

DVT SYMPTOMS

- Swelling
- Pain or tenderness
- Skin that’s warm, red, or discolored

POST-THROMBOTIC SYNDROME

Many DVT blood clots will be absorbed by your body over time with the help of blood thinners. But in the meantime, the clot can cause permanent damage to the valves in your vein, resulting in a condition known as post-thrombotic syndrome, which causes chronic pain and swelling. Mechanical thrombectomy and IV clot busters may help reduce your risk of developing PTS.

STANDARD TREATMENTS

- Blood thinners: Blood thinners are the most common treatment for DVT. They work by decreasing your blood’s ability to clot, which helps prevent an existing clot from getting bigger while your body slowly reabsorbs it.
- Compression Stockings: To help relieve leg pain and swelling, your doctor may recommend wearing compression stockings after being diagnosed with DVT. They work by gently squeezing your legs to improve blood flow.

INTERVENTIONAL TREATMENTS

- Mechanical Thrombectomy: Mechanical thrombectomy devices are special catheters designed to help break up and physically remove all or portions of the blood clot during a minimally invasive procedure. A mechanical thrombectomy procedure can help to quickly restore blood flow, reduce the amount and duration of medications you have to take, and may help prevent damage to the valves in your vein, which can cause post-thrombotic syndrome (PTS). These procedures come with risks and aren’t right for everyone. Be sure to talk to your doctor to find out if they may be right for you.
- IV Clot Busters: IV clot busters, or thrombolytics, are medications placed directly into the clot during a minimally invasive procedure. They’re designed to quickly dissolve clots and restore blood flow.

RISK FACTORS FOR DVT

Knowing the risk factors for DVT can help you make healthier choices to reduce your chance of developing a dangerous blood clot. Some DVT risk factors include:

- A personal or family history of having DVT
- Hormone therapy for birth control or to reduce postmenopausal symptoms
- Pregnancy and up to 6 weeks after childbirth
- Injury due to surgery, a broken bone, or other trauma
- Prolonged lack of movement due to hospitalization, illness, injury, paralysis, or lengthy travel
- Inherited blood disorders
- Obesity
- Smoking

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