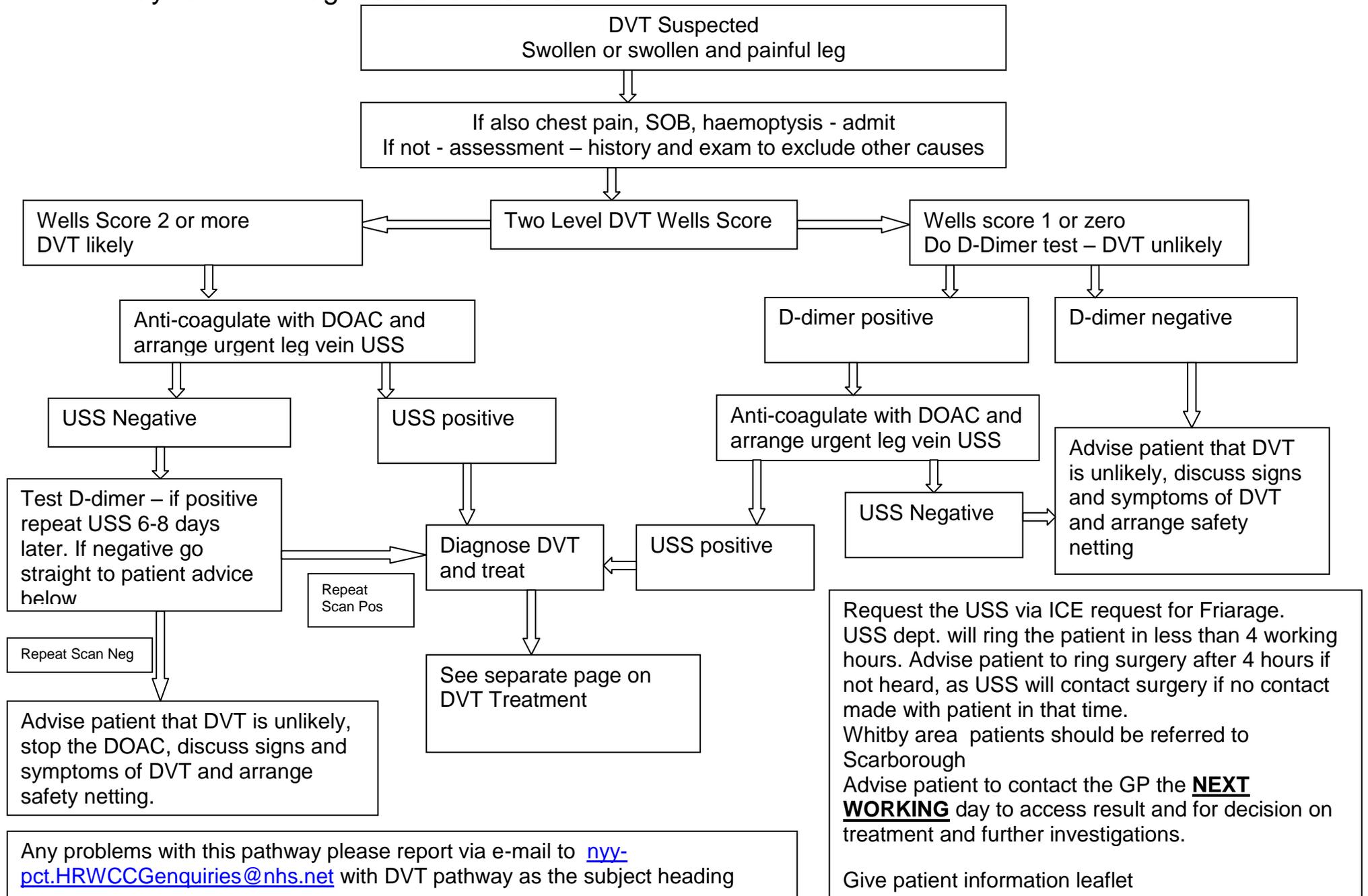


Pathway for DVT Diagnosis and treatment



Pathway for DVT Diagnosis and treatment

Treatment of DVT

This comprises two main streams

1. Anticoagulation
2. Investigation of the Unprovoked DVT in a patient not known to have cancer

Patient information/education is also an important part of the treatment.

Anticoagulation

The recommendation is for GPs to use either Apixaban or Rivaroxaban for the complete treatment of the episode from the initial anticoagulation of a patient with a suspected DVT awaiting an ultrasound and then the full 3 months of anticoagulation. There is loading dose for both drugs and then a maintenance dose

Apixaban - 10mg bd for one week, then 5mg for remaining 12 weeks - add cost?

Rivaroxaban – 15mg bd for 21 days, then 20mg daily for 9 weeks - add cost?

Investigation of the Unprovoked DVT

Provoked cases could occur in those known to have cancer, or after trauma, surgery, significant immobility, pregnancy, the puerperium, or while taking HRT or hormonal contraception.

All patients with an unprovoked DVT should be offered investigations to exclude malignancy to include physical examination, urinalysis, a full blood count, calcium, liver function and a chest x-ray. The NICE guidance also recommends consider a abdomino-pelvic CT in those over 40 (and mammogram for women) who do not have signs of cancer on initial examination.

It is also recommended to consider testing for antiphospholipids in all patients prior to stopping anticoagulation and checking for thrombophilias if the patient has a first degree relative with a thrombophilia.

Exclusions from Pathway

Temporary residents

Suspicion of PE

Pregnancy

Severe CKD stage 5 (Caution with Stage 4)

Severe Liver failure – enlarged liver or jaundiced