Emergency Department

Prevention of deep vein thrombosis in lower limb immobilisation

Information for adult patients who have a lower limb injury requiring immobilisation and have been prescribed rivaroxaban, dalteparin or enoxaparin to prevent the development of DVT.

The aim of the leaflet is to:
- Provide information about rivaroxaban, dalteparin or enoxaparin
- Provide advice regarding plaster cast care

General information

You have been placed in a plaster cast or splint to prevent movement of a broken bone or to rest an injured limb or joint. You have been prescribed a medication to prevent a blood clot from forming in your injured leg.

Immobilising any part of the lower limb in a plaster cast or splint increases the risk of developing a blood clot in a deep vein (DVT). If a clot forms, it can cause permanent damage to the veins of the leg resulting in swelling and skin breakdown. There is also a small risk that a fragment of the clot will pass through the circulation to the lungs causing a pulmonary embolus which can dangerously affect your breathing.

Rivaroxaban tablets (or dalteparin or enoxaparin injections) to prevent deep vein thrombosis

The medication helps to reduce the development of a blood clot in the veins of your injured leg. Both medications work by increasing the time it takes your blood to clot.

You should take your first dose of medication 24 hours after the plaster or splint was placed on your leg and continue taking it daily until the plaster or splint is removed. In most cases, this is six weeks.

- You should take rivaroxaban 10mg (one tablet) once daily.
- It should be swallowed whole with water. It can be taken with or after food.
- You should take the medication at the same time each day.
- If you accidentally take more medication than you should let your GP know as soon as possible, so they can assess your risk of bleeding.
- If you miss a dose of the medication you should take it as soon as you remember. If it is less than six hours until your next dose, do not take the drug, wait for your next due dose.
- The medication should be stored at room temperature out of reach of children.
If you are scheduled to have surgery on your injured leg, do not take your rivaroxaban the day before or the day of your surgery so that your blood clotting can return to normal.

If you have been prescribed dalteparin or enoxaparin you will be given administration instructions by the nurse or doctor discharging you.

There is a very low risk of developing an adverse reaction to the medication but we would like you to be aware of the following:

- Occasionally, swelling will occur under the plaster cast causing pain and problems with circulation. If you have pain in your leg that is increasing, becoming progressively worse and is not controlled by simple pain medication, do not take your rivaroxaban, dalteparin or enoxaparin and return to the Emergency Department urgently for reassessment.
- If the toes on the plastered limb become very swollen, painful, pale or blue coloured and cold do not take your rivaroxaban, dalteparin or enoxaparin and return to the Emergency Department urgently for reassessment.

Potential side effects from the medication (rivaroxaban tablets or dalteparin or enoxaparin injections)

If you have unexpected bleeding (nosebleed, blood in your stool or vomit) do not take your medication and return to the Emergency Department for assessment.

If you experience any of the following please consult your GP:

- Bloodshot eye(s)
- Blood in sputum
- Loose or liquid bowel movements, or see blood in bowel movements
- Pass blood in urine (pink or brown in colour)
- Nausea, stomach ache or indigestion
- Unexplained dizziness or weakness
- Sudden severe headache
- Unusual or spontaneous bleeding

Who must you tell that you are taking rivaroxaban, dalteparin or enoxaparin?

- Your GP, in case they need to give you any other medication
- Any health professional involved in your medical care during the treatment period. i.e. dentist, pharmacist, physiotherapist

Plaster care

Keep your plaster clean and dry.

Do not insert objects underneath the plaster cast to relieve itching. This can injure the skin and tends to make the problem much worse.
Swelling, pain and joint stiffness can be minimised by the following:

- Elevating your injured limb for the first 48 hours by sitting down with the leg supported on a stool at the same height as the thigh.
- Exercising the joints above your plaster to keep them from getting stiff.

If the plaster cast appears to be too tight or too loose, or if the plaster cast has cracked or is broken, telephone the Emergency Department or Clinic One if you have already had a review appointment.

Contacts/Further information

Emergency Department  01223 217 118
Fracture Clinic/Clinic 1  01223 216 231 Monday to Friday 08:30 to 17:00

References/ Sources of evidence


NICE Guideline 89. Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. March 2018.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

Document history

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