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Deep vein thrombosis (DVT) is a blood clot. These clots usually occur deep in the veins of the legs. DVT is common and can be dangerous. If the blood clot is torn and passes through the bloodstream, it can block the blood vessel in the lungs. This blockage (so-called pulmonary embolism) can be fatal. Some people who have DVT do not have any symptoms. Most of them have some swelling in one or both legs. Often, there is pain or tenderness in one leg (can only occur when you stand or walk). Your skin may feel warm or look red or discolored. If you have any of these symptoms, call your doctor right away. Often, there are several factors that cause DVT. The risk of developing DVT increases if there are several risk factors at the same time. You are at a higher risk for DVT if you are 60 years old or older. Inactive for a long period of time, such as when you are flying in an airplane, taking a long car trip, or recovering in bed after surgery. There is a condition that causes an increase in blood clotting. There are injuries or surgeries that reduce blood flow to parts of the body. Have a central venous catheter. Pregnant or recently given birth. Overweight or obese. There is varicose veins or vasculitis. I have cancer. Smoke. Take birth control pills or receive hormone therapy, including for postmenopausal symptoms. Visit your doctor if you think you might have a DVT. They will examine your symptoms and medical history and do a physical examination. They can order tests to help diagnose it. Ultrasound is the most common test. It uses sound waves to check the blood flow in the veins. Venography can also be done to find blood clots. The doctor injects the dye into your veins and then does an X-ray to check the blood flow. There are a few things you can do to help prevent DVT. This is more important if you are at increased risk. Get frequent exercise. If you are inactive for a long period of time, move your feet around. Get up every hour or so and walk if you can. If you have to sit, do exercises on your lower leg. With your feet flat on the ground, the alternative is lifting the heel and legs. It stretches your calves and supports your blood flow. Stretch your legs and massage the muscles slightly. Get out of bed and move around as soon as you can after getting ill or having surgery. Control your blood pressure. Don't smoke. Lose weight if you are overweight. The main goals of DVT treatment are: Stop the clot from getting bigger. Prevent the clot from bursting and travel to the lungs. Prevent future blood clots. Several drugs are used for and PREVENTION DVT. Common ones include warfarin or heparin. These are thin blood, so clots are not formed. Warfarin is taken as a pill and heparin is administered intravenously (in the veins). Warfarin can cause birth defects. Pregnant women should not take warfarin. If you can't take heparin, your doctor's doctor prescribe a different type called a thrombin inhibitor. New treatment programs recommend NOAKI (new oral anticoagulants) as preferred drugs in most cases. Brands include Eliquis, Pradaxa and Xarelto. Anticoagulants can cause bleeding more easily. For example, you may notice that your blood takes longer to clot when you cut yourself. You can bruise more easily as well. If you have any unusual or severe bleeding, call your doctor right away. Some other medications may affect how well the anticoagulant works. Talk to your doctor before taking any new medications. This includes over-the-counter medications and vitamins. Some foods rich in vitamin K, such as dark green vegetables, can also have an effect. There are other treatment options if you can't take medication to dilute the blood, or if thinner blood doesn't work. Your doctor may suggest putting a filter in your cava vein. It is the main vein that carries blood from the lower body to the heart. This filter can catch the clot as it moves through the bloodstream and prevent it from reaching the lungs. This treatment is more common for people who have had multiple blood clots traveling to the lungs. It is important to start treatment immediately for DVT. It will take 3 to 6 months for the blood clot to go away. During this time, there are things you can do to relieve the symptoms. Lift your leg to reduce swelling. Talk to your doctor about using compression stockings. They cover the arch of the leg up to the knee. They create pressure on the leg to reduce swelling and relieve pain. For some people, the clot can never completely dissolve. This can lead to scar tissue in the veins. DVT can also lead to post-thrombotic syndrome. The people who get it are chronic (long-term) swelling and pain. If you have DVT and experience the following symptoms, get help right away. These are signs that the clot may have traveled to the lungs. You might have a pulmonary embolism, shortness of breath pain in the chest dizziness of fainting rapid heartbeat cough blood What is the likely cause of my DVT? What is the best treatment for me? How long do I have to take anticoagulants? What are the side effects or risks? Is it possible to drink alcohol or exercise when using anticoagulants? Is there any lifestyle changes I can do to reduce the risk of blood clots? If I have a DVT once, what is my risk of having future blood clots? Is it safe for me to travel? Does DVT increase the risk of other health problems? Image © copyright American Academy of Family Physicians Image caption This information provides a general overview and may not apply to everyone. Talk to your family doctor to find out if this applies to you and get more information on the subject. OverviewAn arterial embolism is a blood clot that traveled through arteries and got stuck. This can block or restrict blood flow. Clots usually affect legs, or feet. Embolism is all that prevents blood flow. Multiple embolism embolisms. A blood clot is also known as a blood clot. One clot can cause more than one embolism. Pieces can break free and get stuck in other parts of the body. Some embolisms travel to the brain, heart, lungs and kidneys. When the artery is blocked, it can cause tissue damage or death in the affected area. Because of this arterial embolism is a medical emergency. This requires immediate treatment to prevent irreversible injuries. A number of things can cause arterial embolism. Damage to arteries as a result of illness or other diseases is one of the main causes. High blood pressure can also increase the risk of embolism. High blood pressure weakens the walls of the arteries, which facilitates the accumulation of blood in the weakened artery and the formation of blood clots. Other common causes of blood clots include: smokinghardening arteries from high cholesterol surgery, which affects blood circulation in the arteries of heart disease atrial fibrillation - a type of rapid and irregular heartbeat symptoms of this condition depend on the location of embolism. If you have any of the subsequent symptoms, talk to your doctor as soon as possible. You may notice some of the following symptoms in the arm or leg after the embolism has formed: coldness lack of pulse no movement tingling or numbness or spasms in musclepale skina feeling weakThe symptoms are likely to be asymmetrical, appearing only on the side of your body with embolism. Symptoms that may occur if the embolism is not treated or worsened include: ulcers (open ulcers) the appearance of shedding skintissue deathA various lifestyle factors can increase the risk of arterial embolism. You may be at risk if you are: Smoking tobacco products with high blood pressure was a recent surgeryhave heart disease diet high in the cholesterol of hadith abnormally fast heart rate obese sedentary lifestyle in old ageY your doctor can check for a decrease in heart rate or heart rate, since the lack of a local pulse can indicate tissue death. Your doctor may also use diagnostic and visual tests to find any embolism present in your body. Common tests include: angiogram - examining blood vessels on an anomaly Doppler ultrasound - a clock of blood flow - takes images of the body to find blood clotsEmbolism treatment depends on the size and location of the clot. This may include medications, surgeries, or both. The ultimate goal is to break up the clot and restore proper circulation. MedicationsMedicine used to treat arterial embolism include: anticoagulants, to prevent clotting To destroy existing emboli-incited painkillers SurgeryEngioplasty can be performed to bypass the clot. This is a method used to open blocked or narrowed blood vessels. Balloon catheter catheter into the artery and headed for the clot. Once there, he inflates to open the blocked vessel. The stent can be used to support refurbished walls. To help improve circulation, you can: avoid smoking abstain from eating foods high in fat and cholesterol several times a weekY your recovery will depend on how long you have had embolism, clot location, and severity. Many people successfully recover from embolism. However, embolism can be repeated after treatment, so it is important to be aware of your symptoms and talk to your doctor if you may have an arterial embolism. Rapid treatment is the key to preventing permanent damage to the affected area. Facebook Twitter LinkedIn Pinterest Heart and Vascular Cardiovascular Blood Clot Heart Health Treatment pulmonary embolism (PE) is a blood clot that develops in blood vessels in the body (often in the leg). It then moves to the pulmonary artery, where it suddenly blocks the blood flow. The blood clot, which forms in blood vessels in one area of the body, comes off, and moves to another area of the body in the blood called an embolism. Embol can lodge itself in a blood vessel. This can block the blood supply to a particular organ. This blockage of blood vessels with embolism is called embolism. The heart, arteries, capillaries and veins make up the body's circulatory system. Blood is pumped with great force from the heart into the arteries. From there, blood flows into capillaries (tiny blood vessels in the tissues). Blood returns to the heart through veins. As it moves through the veins back to the heart, the blood flow slows down. Sometimes this slowing blood flow can lead to blood clots. Blood clotting is a normal process to prevent bleeding. The body makes blood clots and then breaks them down. Under certain circumstances, the body may not be able to break the clot. This can lead to serious health problems. When blood clots in the vein, it may be due to slowing blood flow, an abnormality in the formation of a clot, or from a blood vessel wall injury. Blood clots can form in arteries and veins. Clots, formed in veins, are called venous clots. The veins of the legs can be superficial veins (close to the surface of the skin) or deep veins (located near the bone and surrounded by muscles). Venous clots most often occur in the deep veins of the legs. This is called deep vein thrombosis (DVT). Once the clot has formed in the deep veins of the foot, there is the potential for the part of the clot to break and travel through the bloodstream to another area of the body, often the lungs. DVT is the most common cause of pulmonary embolism. Other less frequent sources of pulmonary embolism are fat embolism (often associated with fracture bone), amniotic fluid embolism, air bubbles and deep vein thrombosis in the upper body. Clots can also form at the end of indwelling intravenously intravenously catheter, break, and travel to the lungs. Who is at risk for a pulmonary embolism? Risk factors for pulmonary embolism include: Genetic conditions that increase the risk of blood clots Family history of blood clotting disorders surgery or injury (especially for the legs) or orthopedic surgery Situations in which mobility is limited, such as extended bed rest, flight or long-distance driving, or paralysis Previous history of clots aged cancer and cancer therapy such as heart failure, chronic obstructive pulmonary disease (COPD), high blood pressure, stroke, and inflammatory bowel disease Some medications such as birth control pills and estrogen replacement therapy during and after pregnancy, including after caesarean section Obesity Increased veins in the legs (varicose veins) below are the most common symptoms of pulmonary embolism (PE). However, everyone may experience symptoms differently: Sudden shortness of breath (most common) Chest pain (usually worse with breathing) Feeling of anxiety Feeling dizzy, light-headed, or fainting Irregular rapid heartbeat (heart jumps) Cough and/or cough with blood sweating Low blood pressure You may also have symptoms of deep vein thrombosis (DVT), such as tenderness, redness, and/or warmth in your leg (s) redness and/or discolored skin If your doctor thinks you have PE, it will check your feet for the presence of blood clots. The type and degree of PE symptoms will depend on the size of the embolism and whether you have heart problems and/or lungs. Symptoms of PE may look like other medical conditions or problems. Always talk to your doctor for diagnosis. How is pulmonary embolism diagnosed? Pulmonary embolism (PE) is often difficult to diagnose because PE symptoms are very similar to many other conditions and diseases. Along with a full medical history and physical examination, the tests used to look for PE may include: chest X-rays. This image test is used to assess the lungs and heart. Chest X-ray shows information about the size, shape, contour and anatomical location of the heart, lungs, bronchus (large breathing tubes), aorta and pulmonary arteries, as well as mediastin (the area in the middle of the chest separating the lungs). Vent perfusion scan (V/I scan). For this nuclear radiological test, a small amount of radioactive substance is used to help study the lungs. The ventilation scan assesses ventilation, or air movement in and out of bronchial and bronchiol. A perfusion scan assesses blood flow in the lungs. Pulmonary angiogram. This is an X-ray image of blood vessels to assess different different such as aneurysm (bulge of blood vessels), stenosis (narrowing of blood vessels) or blockage. The dye (contrast) is injected through a thin flexible tube placed in the artery. This dye causes blood vessels to appear on the X-ray. Computed tomography (CT or CT scan). It is a imaging test that uses X-rays and a computer to make detailed images of the body. A CT scan shows details of bones, muscles, fat and organs. CT with contrast improves the image of blood vessels in the lungs. Contrast is a dye as the substance is injected into the vein, leading to the organ or tissue being studied to show more clearly on the scan. Magnetic Resonance Imaging (MRI). This imaging test uses a combination of magnetic field, radio frequency and computer to produce detailed images of organs and structures in the body. Duplex ultrasound (USA). This type of vascular ultrasound is done to assess the blood flow and structure of the blood vessels in the legs. (Blood clots from the legs are often dislodged and trips to the lungs.) The U.S. uses high-frequency sound waves and a computer to create images of blood vessels, tissues and organs. Lab tests. Blood tests are used to check blood clotting, including a test called D-dimer level. Other blood work may include testing for genetic disorders that may contribute to abnormal blood clotting. Blood arterial gases can be checked to see how much oxygen is in the blood. Electrocardiogram (ECG). This is one of the simplest and fastest tests used to assess the heart. Electrodes (small, sticky spots) are placed in certain places on the chest, arms and legs. The electrodes are connected to the lead wire. The electrical activity of the heart is measured, interpreted and printed. How is pulmonary embolism treated? Options for pulmonary embolism (PE) include: Anticoagulants. Also described as blood thinners, these drugs reduce the blood's ability to clot. This helps to stop the clot from getting bigger and keep the new clots from forming. Examples include warfarin and heparin. Fibrinolytic therapy. Also called clot busters, these medications are administered intravenously (IV or vein) to break the clot. These medicines are used only in life-threatening situations. Vena cava filter. A small metal device placed in a cava vein (a large blood vessel that returns blood from the body to the heart) can be used to prevent blood clots from forming into the lungs. These filters are generally used when you can't get anticoagulation treatment (for medical reasons), to develop more clots even with anticoagulation treatment, or when you get problem bleeding from anticoagulation. Pulmonary embossment. Rarely used, this is an operation made to remove PE. Usually, this is only done in severe cases, when your PE is very large, you can't get anticoagulation and/or thrombolytic therapy due to medical problems or you have not responded well to these procedures, or your condition is unstable. Percutaneous thrombectomy. A long, thin hollow tube (catheter) can be threaded through a blood vessel to the site of the embolism guided by an X-ray. Once the catheter is in place, it is used to break the embolism, pull it out, or dissolve it with thrombolytic medicine. An important aspect of PE treatment is preventive treatment to prevent the formation of additional embolisms. What are the complications of pulmonary embolism? Pulmonary embolism (PE) can cause lack of blood flow, which leads to damage to the lung tissue. This can lead to low levels of oxygen in the blood, which can damage other organs in the body, too. PE, especially large PE or many clots, can quickly cause serious life-threatening problems and even death. PE treatment often includes anticoagulation drugs or blood thinners. These medications can put you at risk of excessive bleeding if they thin the blood too much. Excessive bleeding bleeding that will not stop after you apply pressure for 10 minutes. Other bleeding symptoms to watch out for include: Signs of bleeding in the digestive system: Bright red vomiting or vomiting, which looks like coffee grounds Bright red blood in a chair or black, delayed stool Abdominal pain Signs of bleeding in the brain: Severe headache Sudden loss of vision Sudden loss of movement or feeling in the legs or arm Memory loss or confusion if you have any of these You should get treatment right away. Is it possible to prevent pulmonary embolism? Because pulmonary embolism (PE) is often caused by a blood clot that originally formed in the legs, and because it is often difficult to detect DVT before problems, PREVENTION of DVT is key in the prevention of PE. A healthy lifestyle is one of the keys to preventing PE. It includes things like: Participating in regular exercise Maintaining a Healthy Weight Eating Balanced Diet Taking Medications as prescribed By Don't Smoking Treatment to Prevent DVTs Includes: Non-Invasive Mechanical Measures Ways to Prevent DVT Without Medication include: Squeezing stockings (elastic stockings that compress or compress veins and prevent blood flowing backwards) that are connected to a machine that provides variable pressure and moving as soon as possible after surgery or illness. Movement can help keep clots from forming by stimulating circulation. Medicine Anticoagulants and aspirin are often given to help prevent DVT. Many people are still at risk for developing DVT for a period after they have either been discharged from the hospital, that treatment to prevent DVTs to continue until the risk has been resolved is usually about 3 to 6 months. The key point about the pulmonary embolism of the pulmonary embolism (PE) is the blood clot that into a blood vessel elsewhere in the body (often the foot), goes to the artery in the lungs, and suddenly formed a blockage of the artery. Abnormal blood clots can be formed due to problems such as sluggish blood flow through the veins, abnormalities in blood clots, and/or damage to the walls of blood vessels. A wide range of conditions and risk factors have been associated with PES. Sudden shortness of breath is the most common symptom of PE. PE is often difficult to diagnose because the signs and symptoms of PE are very similar to many other conditions and diseases. Imaging tests and blood tests are used to look for PE. An important aspect of PE treatment is the prevention of additional clots. Medications, filters to keep clots from getting into the lungs, and surgery are used to treat PES. PE, especially large PE or many clots, can quickly cause serious life-threatening consequences and death. Death.

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