

Patient information

Pulmonary Embolism (PE)

Haematology Liverpool

What is a Pulmonary Embolism (PE)?

A PE is a blood clot, or more commonly a number of blood clots, that get lodged in the blood vessels of the lungs. They typically arise from a blood clot in the veins of the legs or pelvis, called deep vein thrombosis (DVT). All or part of the DVT becomes dislodged and travels with the natural flow of blood back to the right side of the heart and through into the lungs. The clot then gets stuck in the small vessels of the lung.

What are the signs and symptoms of PE?

PE commonly causes chest pain and shortness of breath. Other symptoms include coughing up blood, feeling dizzy or faint and sometimes collapse. PE can occasionally be life threatening. Some people do not have symptoms at all and the PE is an unexpected finding on a scan performed for another reason

Why did I get a PE?

It is not always possible to identify a reason but there are several things that can increase the chance of having a DVT or PE.

These include

- Previous blood clots or a family history of blood clots.
- Pregnancy.
- Oral contraceptive pill.
- Surgery or immobility.
- Long haul flights (and other travel more than four hours in duration).
- Smoking.
- Being overweight.
- Cancer.
- Clotting disorder such as thrombophilia.
- Trauma.

What is the treatment for PE?

Your body's natural system releases substances that quickly set to work to break down blood clots. The blood-thinning medication (anticoagulation) that you will be taking helps prevent any further blood clots forming. Your blood is stickier after a blood clot so it's important that you continue to take this medicine until your doctor tells you it's safe to stop. For life threatening PE a treatment to dissolve the clot (called thrombolysis) may be used before anticoagulation is started.

There are a number of different medicines that may be used to help prevent a further blood clot from forming. Your doctor will discuss which the most suitable medication for you is.

- Warfarin is a daily tablet. It can interact with other medicines and some foods, so always read the information on the packaging carefully. If you're on warfarin you will need to have regular blood tests and dose adjustment to make sure you're taking the correct amount.
- The group of medicines called DOACs (eg. Rivaroxaban, Apixaban, Dabigatran and Edoxaban) do not require you to have frequent blood tests but you must remember to take them every day.
- Low molecular weight heparin is an injection into the skin of the abdomen or leg and may be advised if you have other medical conditions.

When taking anticoagulants it is important to:

- Take medication regularly at the same time each day.
- Keep all clinic appointments.
- Keep your anticoagulant alert card with you at all times.
- Let your doctor know if you become pregnant or are planning on becoming pregnant.

Anticoagulants can increase the risk of bleeding which may require medical review.

If you experience any of the following symptoms please seek medical review

- Unexpected or uncontrollable bleeding.
- Coughing or vomiting blood.
- Black stools or blood in your stool.
- A severe headache that will not go away, dizziness or weakness.
- A fall or injury to your head.
- Blood in your urine.
- Severe unexplained bruising.

Frequently asked questions

How long will my symptoms last?

It is common to have chest pain, breathlessness and fatigue for weeks or even months after a PE. Recovery from PE varies, and it can take many months to return to your previous level of fitness. Sometimes symptoms do not improve over time and further tests may be needed to help work out why. A small proportion can develop a condition called pulmonary hypertension and specialist input may be needed to help manage this.

How long will I be on anticoagulants?

This will vary from person to person. Some people only need to take anticoagulants for three months, while others need to take them for their rest of their lives. This will depend on several factors and will be discussed with you in detail at your clinic appointment.

When should I be concerned about my symptoms?

If you develop worsening shortness of breath or chest pain, go to your nearest hospital emergency department to be assessed.

When should I return to work?

Depending on the severity of your symptoms and the nature of your work you may feel able to return to work within weeks. Your clinician will be able to advise you about when it might be suitable to return to work.

Will I have another scan?

Repeat scans are not routinely performed as the results do not usually change your management. There are certain circumstances when more imaging may be required but your haematologist will discuss this with you in your thrombosis clinic appointment if this is recommended.

When can I travel / fly?

In general, flying (especially long-haul) is not advised in the first two to six weeks after a PE but this will depend on individual circumstances. Once your symptoms have settled and you are tolerating anticoagulation well, it should be fine for you to travel but you may wish to discuss this with your healthcare professional at your clinic appointment.

What is the risk of having another PE?

Each individual's risk is different. You will have an appointment with a healthcare professional within three months of having a PE. At this appointment, your case will be reviewed in detail and your individual circumstances reviewed. The need for extra tests will be considered and further advice will be given to reduce the risk of recurrent PE. This may include continuing anticoagulation for those at high risk of recurrence or using anticoagulants during periods of high risk and/or lifestyle changes. This will be discussed with you in detail at your appointment. A plan will be made to decide how long you will remain on an anticoagulant.

How much activity should I do?

After a PE, it is advisable to avoid strenuous exercise, but you should try and carry out your normal daily activities, including walking if you feel able. Bed rest is not usually necessary. While you are on an anticoagulant, you should also avoid activities that will increase the risk of bleeding e.g. contact sports.

Be guided by your body - if normal activity makes you feel short of breath or unwell you will need to rest until you feel recovered. Once your symptoms have settled you can start slowly increasing your activity.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Contact Details

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