Deep Vein Thrombosis (DVT)

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Pathophysiology

1. The pathophysiologic process of developing a DVT is a complex series of events. Hemostasis is the process of clot formation at the site of venous injury and is divided into five steps.
2. A DVT may have no symptoms. Classic symptoms include the following:
   - Edema
   - A hardened cord-like area
   - A feeling of fullness
   - Warmth
   - Tenderness or pain
3. Deep vein thrombosis is a common diagnosis in many patient populations and has serious medical consequences if not treated.
4. Medical professionals must be aware of the pathologic process behind DVT in order to effectively prevent, diagnose, and treat.

Significance of Pathophysiology

Patients having procedures in ambulatory surgical centers should not be overlooked regarding assessment and education. General anesthesia has been shown to contribute to venous stasis and therefore increase the risk of developing a DVT. General anesthesia affects the clotting cascade by creating vasodilatation effects comparable to 10 to 14 days of inactivity. The ambulatory surgical patient is also at risk for DVT development are referred to in the hospital. Patients at risk for DVT include those suffering from cancer, vascular disorders, or trauma. Situations in which individuals can also be at risk including pregnancy, surgery, and medications (McNamara, 2014).

Intervention

Nurses must understand the increasing options for anticoagulation therapy. Personal understanding of the nurse will play a major role in the outcome of patient care. Education is a major role in prevention of venous thromboembolism.

Treatment

Once a patient is diagnosed with a DVT, anticoagulation should be started immediately (D’Alesandro, 2016). It is strongly recommended that treatment continues for at least three months (Vandes Size et al., 2016). Anticoagulants do not break up the existing clot, however, the medications prevent the growth of the clot. Different types of anticoagulants work at different levels of the coagulation cascade.

References


Conclusion

Deep vein thrombosis is a common diagnosis in many patient populations and has serious medical consequences if not treated. Medical professionals must be aware of the pathologic process behind DVT in order to effectively prevent, diagnose, and treat. Patient education is a priority especially in high risk individuals. Anticoagulation therapy varies by condition, but will require monitoring and follow up. Knowledge of the pathophysiology of a clot will aid in the understanding of treatment options.