

The background of the slide is a marbled paper with a pattern of swirling, irregular shapes in shades of beige, cream, and light brown.

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The background of the slide is a full-page image of marbled paper. It features a complex, organic pattern of swirling, veined lines in shades of light beige, cream, and pale grey, creating a classic, textured appearance.

DVT or not DVT
Nurse led service

History

- An evolving service
- First set up by Betty Brough
- Usual guidelines and protocol driven
- Identified further problems, patient with neg dvt but still with swollen leg sent back to GP
- New Link formed

Me

- At this point the patients, still seen by doctor on referral, clerking and treat as per protocol.
- Commenced on LMW heparin, scan booked,
- Following scan, all pts seen by BB, all positives remained with her, all negatives given an OPD appointment

My role

- Seen in once weekly OPD clinic.
- Take full medical history
- Full examination
- Review medical notes
- ? Any investigations
- Treat or refer as necessary

Next step

- Forged with MEU
- Direct referral to NP based on MEU
- 9-6 Monday to Friday
- changed from DVT service to Swollen leg.
- Proforma for clerking and examination
- Guidelines rather than protocol
- SHO and Staff grade also use same proforma

The Proforma

- To help guide NP practice
 - To help ensure that holistic approach
 - encourage lateral thinking
- how?

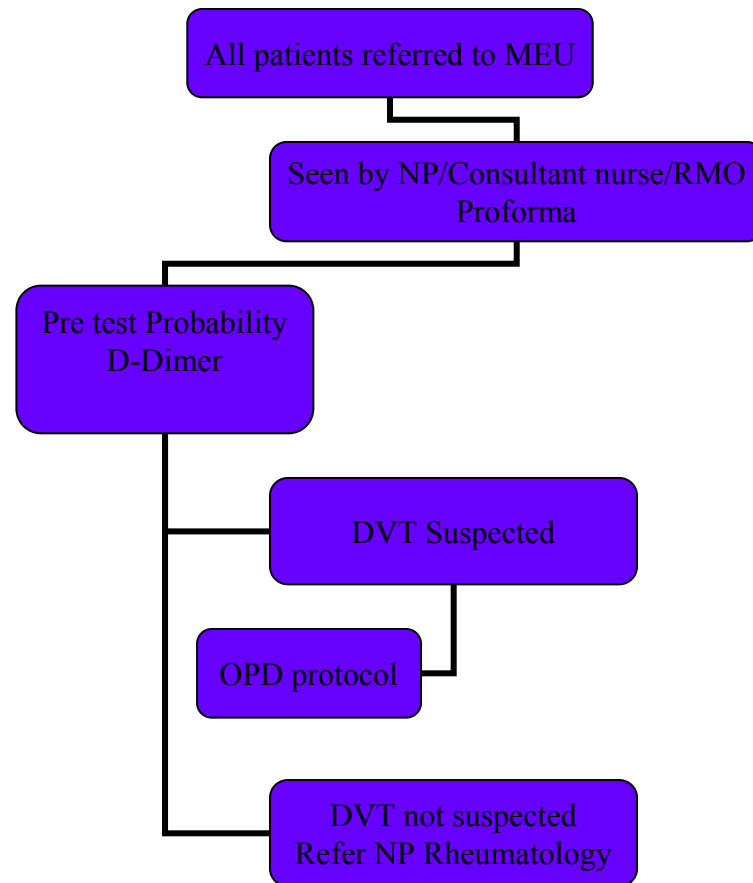
The presenting complaint from the patients point of view, is taken in detail.

Not what is written on the referral

Nothing special (not rocket science)

- Designed is based on full medical history and examination
- Focus on the swollen leg not just excluding the possibility of a DVT
- Room for case discussion
- NP has access to Medical Consultant
- Able to refer as necessary
- Wider range of investigation and treatment

- Patients identified as potential DVT screened and US scanned, treated as per protocol
- Confirmed referred to BB
- Negatives referred myself



Risk factors for deep vein thrombosis

- Age >40 years
- Underlying malignancy
- Obesity
- Presence of varicose veins
- Personal or family history of deep vein thrombosis or pulmonary embolism
- Any surgical procedure lasting more than 30 minutes especially orthopaedic, neurosurgical, urological, and gynaecological surgery
- Paralysis or immobility for example, recent stroke
- Combined contraceptive pill
- Hormone replacement therapy
- Pregnancy and puerperium
- Serious illness for example, heart failure, myocardial infarction, sepsis, inflammatory bowel disease
- Presence of hypercoagulable disorders

Clinical features of acute deep vein thrombosis

- Calf pain or tenderness, or both
- Swelling with pitting oedema
- Swelling below knee in distal deep vein thrombosis and up to groin in proximal deep vein thrombosis
- Increased skin temperature
- Superficial venous dilatation
- Cyanosis can occur with severe obstruction



Typical presentation of a DVT

What else could it be?

Acute

- Cellulitis
- Superficial thrombophlebitis
- Joint effusion, haemarthrosis, baker's cyst
- Arthritis
- Fracture
- Ischaemia
- Dermatitis

Less acute

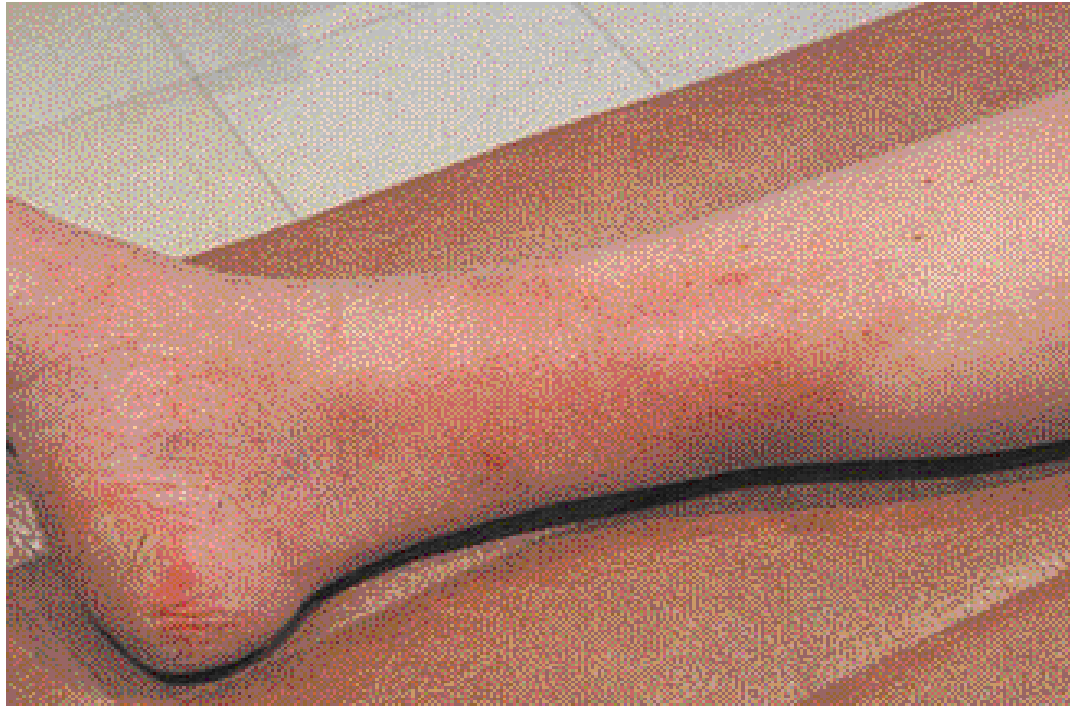
- Congenital abnormalities
- Venous disease
- Lymphoedema

Other

- Heart failure
- RSD
- Idiopathic oedema
- Nephrotic syndromes (hypoproteinaemia)
- Lipoedema
- Armchair legs











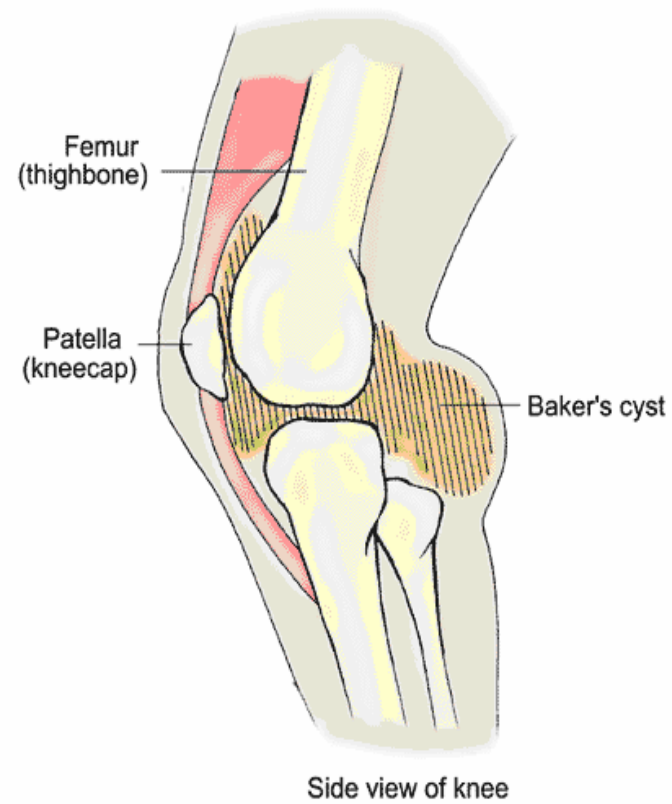
Shown here is erythema following the vascular pattern on a lower extremity. The superficial veins have become inflamed and dilated, causing the discoloration.

Update



Knee effusion. Typical swelling above the knee joint around the patella. Would have restriction in range of movement. Could be hot (gout or sepsis)

Baker's Cyst







Dissecting down the calf is a bright fluid collection from a ruptured Baker's cyst (arrows) conspicuous against the low signal background on this fat suppressed sequence.



Blistering dermatitis



Varicose eczema

Note severe secondary infective

Type changes



Dermatitis



(c) University Erlangen,
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Eczema



This brown
pigmentation
associated with both
varicose
eczema and chronic
venous
insufficiency



Primary lymphoedema

Congenital (onset at or soon after birth)

1. Congenital vascular malformations with lymphangioma
2. Chylous lymphoedema

Milroy's disease

Familial

1. Meige's disease
2. Distichiasis-lymphoedema syndrome

Postpubertal onset

1. Distal hypoplasia type (bilateral below knee swelling)
2. Proximal obstructive type (unilateral whole leg swelling)
3. Lymph reflux (bilateral whole leg swelling)



Secondary Lymphoedema, (Rare)

Sudden onset swelling to the
leg

?check ?obstruction

causing thickening of the skin

Note unable to pinch a fold of

Skin over 2nd toe



Lipoedema.

Only affect women, swelling is symmetrical between hips and ankle
Skin soft and can be tender to touch and bruises easily



Pitting oedema



The well known Armchair legs



Last thing if there is only one thing you take from this talk today, always look at Both legs! Not just the swollen leg



Thank you