

## Podcast transcript

**Interviewer** In January 2010, NICE produced some guidance on preventing the risks of venous thromboembolisms. Joining me to discuss the guidance is Professor Tom Treasure, who was the chairman of the guideline development group.

So what is a venous thromboembolism?

**Professor Tom Treasure** The term includes a range of problems which are centred around developing clots in the veins, typically in the legs, thighs and up into the pelvis. If they come loose and are carried in the blood stream, that's called an embolism.

So thromboembolism is a clot travelling in the blood stream. They are dangerous because a clot, such as that, will be carried through the heart out into the lungs and can obstruct the circulation and can cause sudden death.

Patients who are rescued from near death may spend quite a lot of time in the intensive care unit, so there is quite a big burden of illness associated with that, even though it is actually not very common.

An individual doctor might only encounter this problem - a hospital doctor that is - a few times in a year, and yet it is so devastating it can also snatch away success just when you are getting a patient better and they are due to go home after a hip replacement or some other form of surgery, like a gall bladder operation. Things that are routine and low risk but when they are about to go home, or soon after they go home, they drop down dead. So it's a tragedy and a costly one.

**Interviewer** And is this a problem that we see in the community or in hospitals? Where is it most common?

**Professor Tom Treasure** It does happen in the community, it happens sporadically for all sorts of reasons, but coming into hospital carries with it an essential element which is that these patients are immobilised. People who can be up and about are managed that way. So coming into hospital to find a group of patients who are immobile, may be anaesthetised if they are coming in for surgery, and then they have other factors as well related to the illness and to themselves which characterise them at risk.

**Interviewer** So which patients would you say are most at risk of developing the clots?

**Professor Tom Treasure** There are particular conditions which put patients at a high risk. Having a cancer is one, having surgery particularly around the lower limbs, the pelvis and the abdomen is another. Obesity adds to the immobility and a variety of other illnesses add on top of those basic risks. So a large number of hospital patients are immobile, they may be obese, they may be anaesthetised, they are put to bed, and they tend to be elderly. And these are all factors that cluster together around the admitting of a patient to hospital.

**Interviewer** So how will this piece of NICE guidance help these patients?

**Professor Tom Treasure** What we know is that there are various means of preventing the development of clots in the legs, not totally but greatly reducing the risk maybe down to about a third.

They are not widely used and maybe overlooked, and we think now particularly in patients who are unscheduled admissions, there are other things on the doctors mind, more important pressing things. A day or two or three days can go by and this may be an afterthought, by which time the opportunity for prevention may be lost.

So the proposal is that every patient admitted to hospital, either planned or as an emergency, as part of the process of admission, a checklist is gone through and that should trigger the implementation of appropriate prophylaxis, according to the guideline.

**Interviewer** How can we be sure that this piece of guidance will be implemented by the hospitals?

**Professor Tom Treasure** We're done something here which is unusual, I'm not sure it's the only time, but it is unusual. Since the 2007[original VTE] guidance, we have been in very close connection with the Chief Medical Officer's team and people who work in the Department of Health. As a result of that and a launching of the NICE guidelines, Professor Sir Bruce Keogh has instructed that it be put on the sequin. So that means that the system of financial sticks and carrots which he has put in place, and the department has put in place, to improve quality of care includes this process.

**Interviewer** Professor Tom Treasure, thank you.