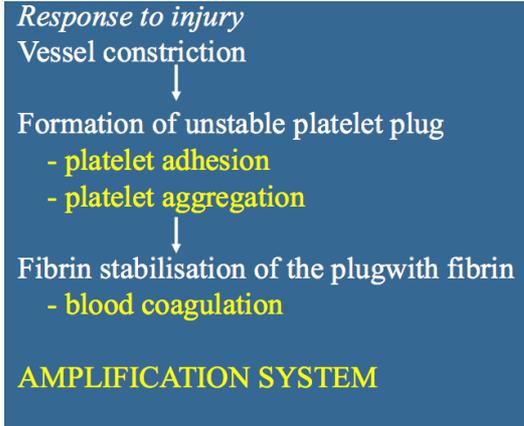
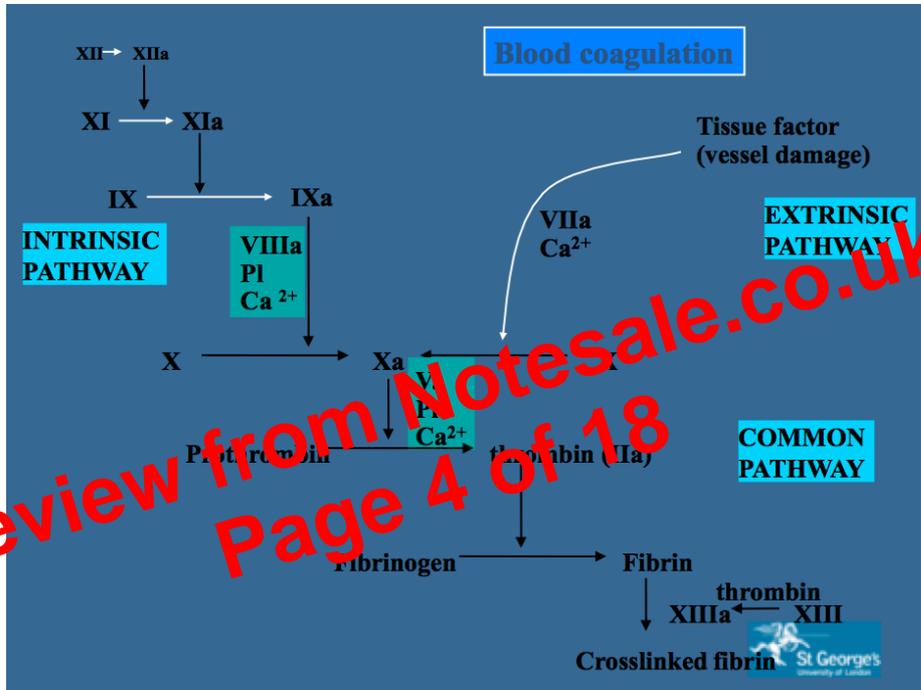


Haemostatic plug formation

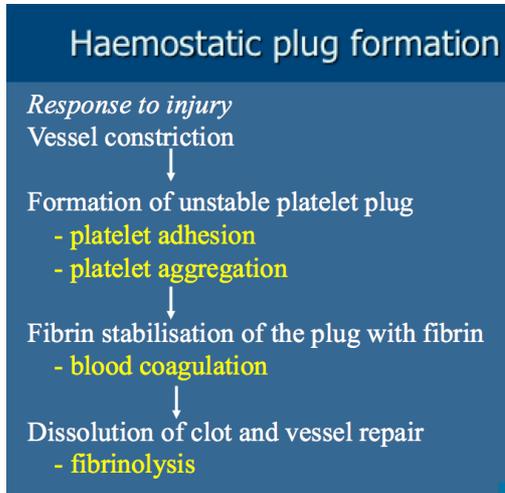
- Amplification - once it's on it's on



Learn:



- PI (Platelet membrane phospholipid)



Physiology of PE symptoms

- Symptoms and signs determined by **thrombus size and burden**
- Multiple small peripheral thrombi produce a different clinical picture to large proximal thrombus
- Pulmonary infarction is not common – remember the bronchial circulation
 - Tissue oedema and hypoxia causing infarction

Filling Defect vs Thrombus

Typical post operative stories

- 75-year-old man
- Previously heavy smoker
- THR 1.5 weeks earlier
- Some coughing
- Slight fever
- Chest X-ray: negative
- Spiral CT as shown

- 72-year-old woman
- THR 3 weeks earlier
- Collapsed at a recreation centre
- Died immediately
- Autopsy: massive



Preview from Notesale.co.uk
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Long term consequences of VTE

- 10% of all hospital deaths
- 30% recurrence at 10 years
- 30% post phlebotic syndrome at 10 years
 - Previous damage can lead to more damage due to stasis
- Chronic pulmonary hypertension
 - PE and fibrinolysis not working --> increased pressure for right heart --> dyspnoea --> compression hosiery to aid muscle pump

Treatments of VTE

- Anticoagulants
 - Prevents an increase in clot size and more clots
- Thrombolysis
 - Active dissolution of thrombus
- (Surgery)
 - Take out Thrombus and endothelium (on anticoagulants for life)
- (Compression hosiery)

Ideal Anticoagulant

- Rapid onset of action
- Predictable pharmacokinetics
- Predictable anticoagulant response
- No food or drug interactions
- Rapid offset of action
- Availability of a safe antidote
- No off-target effects
- Reasonable cost
- Mechanisms to ensure good compliance (cant take erratically)

Treatment of VTE cont.

- Heparin then warfarin
 - Acute VTE
 - Immediate anticoagulant effect
- Thrombolysis
 - Circulatory collapse due to PE
 - Alteplase (tissue plasminogen activator)
 - Streptokinase
 - Followed by heparin and warfarin
- NO MORTALITY BENEFIT TO THROMBOLYSIS UNLESS JUST ABOUT TO ARREST

Investigations pre Rx

- Clotting screen
 - Prothrombin time (INR)
 - Partial thromboplastin time
 - Thrombin time
- Full blood count
- Urea and electrolytes
 - If for LMWH for >4 days
- Liver function tests
 - If clinical suspicion of liver disease