



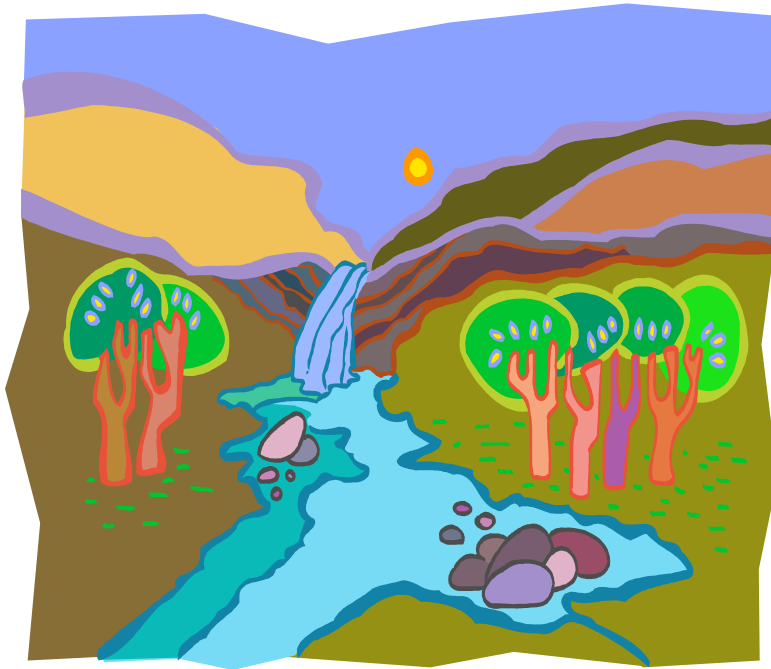
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Pulmonary Embolism

Instructions for patients

What do I have to know



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What is Pulmonary Embolism?

Pulmonary Embolism refers to the obstruction of the pulmonary arteries by blood clots, which most commonly originate from deep vein thrombosis (DVT) in the lower limbs. Deep vein thrombosis (DVT) may cause pain, redness, swelling of the affected limb or may be entirely asymptomatic.

What are the symptoms of Pulmonary Embolism?

Pulmonary Embolism common symptoms include:

- Shortness of breath (dyspnea)
- Chest pain
- cough
- hemoptysis (coughing up blood)
- palpitations
- Dizziness
- Syncope (fainting)

Patient experiencing these symptoms should seek immediate medical attention at a hospital.

How is Pulmonary Embolism diagnosed?

If clinical suspicion for Pulmonary Embolism is low, a blood test measuring D-dimer levels is performed. Normal D-dimer levels can effectively rule out Pulmonary Embolism.

If clinical suspicion for Pulmonary Embolism is moderate to high, a CT Pulmonary Angiography with intravenous contrast is recommended. This imaging test can visualize the thrombus within pulmonary vessels.



Which is Pulmonary Embolism and/or Deep Vein Thrombosis treatment?

In most cases, treatment involves low molecular weight heparin administered via subcutaneous injection for at least five days and concurrent daily oral administration of Warfarin tablets. Warfarin tablets therapy typically continues for a minimum of three months, requiring regular blood tests to monitor INR levels, which should be generally remaining between 2.0 -3.0. These tests help determine the appropriate dosage.

Newer classes of oral anticoagulants – such as Pradaxa, Xarelto, and Eliquis- are now available. These medications do not require routine blood monitoring.

These medications do not dissolve the existing clot. They prevent further formation and limit the growth of the current thrombus. The original clot is gradually absorbed over several weeks. As a result, immediate symptom relief is not expected upon initiation of treatment.



What causes Pulmonary Embolism and/or Deep Vein Thrombosis?

- Thrombus formation may be triggered by prolonged immobility, such as after major surgery or serious illness.
- Deep vein thrombosis is related to extended travel, including long-haul flights.
- Pregnancy, or use of hormone replacement therapy or oral contraceptives may trigger thrombus formation.
- In some cases, is caused due to underlying medical conditions or inherited clotting disorder.

If a diagnosis of Pulmonary Embolism and/or Deep Vein Thrombosis has been confirmed without a clearly identifiable cause, your physician may recommend further diagnostic testing to investigate potential underlying factors. In many cases, the precise cause remains unknown, even after comprehensive evaluation.

What are the precautions during Pulmonary Embolism or Deep Vein Thrombosis treatment?

- Light physical activity is permitted, such as household tasks
- Avoid activities that cause significant breath shortness or prolonged standing
- When seated, elevate the legs to promote circulation
- If planning long-duration travel, consult your physician regarding the need of additional preventive measures.

How do we avoid and prevent long-term complications?

- Discontinue oral contraceptives and hormone replacement therapy, and discuss alternative options with your physician.
- Extend anticoagulant therapy beyond three months to potentially even lifelong, for individuals with pulmonary embolism history or deep vein thrombosis.
- In cases where deep vein thrombosis is present, the use of elastic compression stockings is recommended. These help prevent long-term venous complications, such as post-thrombotic syndrome. Stockings should be worn on the affected lower limb for a minimum of six months.

