

New guidelines developed for improved deep venous thrombosis diagnosis

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A researcher at Intermountain Medical Center in Salt Lake City is part of a select panel of international experts to help develop new evidence-based clinical guidelines used by physicians worldwide for the diagnosis and treatment of blood-clotting disorders, one of the most common cardiovascular diseases in the United States.

Scott M. Stevens, MD, co-director of the Thrombosis Clinic at Intermountain Medical Center, says the new [guidelines](#) are critically-needed to ensure that clinicians worldwide are using the most advanced information and protocols available to properly diagnosis deep venous thrombosis, or DVT.

The new guidelines, which will become the global standard of care for the diagnosis of DVT, are published in the February issue of *Chest*, the journal of the [American College of Chest Physicians](#).

[Deep venous thrombosis](#) or DVT mainly affects the large veins in the lower leg and thigh. The clot can block blood flow and cause swelling and pain. When a clot breaks off and moves through the [bloodstream](#), this is called an embolism. An embolism can get stuck in the brain, lungs, heart, or other area, leading to severe damage.

Rapid treatment for DVT is crucial to prevent potentially fatal complications. But the symptoms are often mistaken for a sprain or [tendon injury](#), says Dr. Stevens.

"Thrombosis, particularly DVT, is the third most common cardiovascular disease in the United States, behind only [heart attack](#) and stroke," he says. "Prompt treatment is very important to prevent the clot from leaving the leg and traveling to the lungs, heart or brain. Physicians need good information on the best way to diagnose a DVT."

Because of research performed by Dr. Stevens and the team of [thrombosis](#) researchers at Intermountain Medical Center, Dr. Stevens was chosen to help draft a new chapter for the ninth edition of the guidelines. Previous editions have not included a chapter on diagnosing DVT.

"This publication is the resource for clinicians seeking evidence-based guidelines for diagnosis, prevention and treatment of thrombosis-related disorders," says Greg Elliott, MD, chair of Department of Medicine at Intermountain Medical Center. "Dr. Stevens earned this recognition by virtue of his excellence as a clinician investigator. His work will result in better care for patients here in Utah and around the world."

Dr. Stevens says the new chapter provides a road map for the best-proven and most cost-effective ways to diagnose DVT.

The process is complicated and involves sophisticated algorithms. Physicians may have difficulty performing those kinds of complex calculations in their day-to-day practice, so the guidelines teach them to use "decision trees" that lead them to accurate diagnoses by asking strategic questions.

Physicians from around the globe — everyone from primary care doctors to cardiologists, pulmonologists, orthopedic surgeons, and neurologists — will learn from the new guidelines at conferences, seminars, and journals in the coming months.

Dr. Stevens was joined in writing the chapter on DVT diagnosis by 11 other experts from hospitals and universities in Canada, England, Boston, and Buffalo, N.Y. Other chapters of the guidelines, written by different panels, examine the best treatment options for DVT and other blood-clotting disorders.

Provided by Intermountain Medical Center

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