

Risk of venous thrombosis and long distance travel (including air flights) Information for travelers

Background

There has recently been considerable media interest in the risk of blood clots triggered by air flights.

- A study from North America indicated that the risk of a fatal blood clot after a trans-Atlantic air flight is less than one in a million.
- Additional studies indicate that the greatest risk of a blood clot is when there are additional risk factors, such as an operation in the previous few weeks.
- The risk is related to the duration of travel with the lowest risk for journeys of less than 6 hours.

Classification of risk category and suggested precautions for continuous journeys lasting more than 6 hours

Low risk

- No history of DVT or PE (deep vein thrombosis or pulmonary embolus),
- No surgery in the previous 4 weeks
- No other risk factors (see below) to indicate moderate/high risk

Recommendation

- Do not take excessive alcohol or sleeping tablets
- Regularly flex ankles to contract calf muscles

Moderate risk

- Previous history of DVT (or PE)
- Surgery under general anaesthesia lasting more than 30 minutes in the previous 2 months but not in the last 4 weeks

Recommendation

- Do not take excessive alcohol or sleeping tablets
- Regularly flex ankles to contract calf muscles
- Wear compression travel socks

High risk

- Surgery under general anaesthesia lasting more than 30 minutes in previous 4 weeks

Recommendation

- Precautions as for low to moderate plus consider single injection of low molecular weight heparin before departure

Special considerations

- Some patients with a history of DVT (or PE) and additional major risk factors for recurrence of thrombosis, e.g. cancer, may be prescribed LMWH at the discretion of their doctor.
- Patients with a recent DVT (or PE) who are on anticoagulant treatment are at low risk of further clots but advice should be taken if flying within 2 weeks of a new DVT or PE.
- Patients with plaster casts should be considered for a split cast to reduce the risk of compression.
- There is no evidence to support use of aspirin in any category.