

## DVT AWARENESS WEBINAR

Coalition To Prevent DVT Webinar  
US.ENO.10.02.053

**Moderator:** Hi, everyone. Thank you for taking the time to join today's DVT Webinar for patients. Please remember that you can submit questions to the moderator at any time during this presentation. We are now ready to begin today's presentation. Please join me in welcoming Ruth Morrison.

### **Ruth Morrison Comments based on Talking Points Developed for DVT Webinar For Patients, US.ENO.09.10.105**

#### **Slide 2:**

**Ruth Morrison:** Thank you for joining the Coalition to Prevent Deep Vein Thrombosis, DVT, for its first ever webinar. In the next hour, we hope to provide you with the understanding about deep vein thrombosis and pulmonary embolism and these conditions that many Americans still know little about, and it still remains a public health issue. Many of you on this call today have probably been affected by deep vein thrombosis or pulmonary embolism, whether it's through a loved one or a family member or even a personal experience of your own. Our goal for today's webinar is to set the stage to learn more about these conditions and hopefully, through education, awareness, dialogue and treatment, this will help reduce the number of people affected by deep vein thrombosis and pulmonary embolism. Before we get started, I just want to mention a few things about myself.

#### **Slide 3**

My name is Ruth Morrison, and I'm a registered nurse, specializing in cardiovascular nursing at the Brigham and Women's Hospital. I've actually worked at the hospital for over 32 years, but I've been a member of the venous thromboembolism research group for the past 22 years. This group addresses medical, nursing and psychosocial aspects of the care of patients diagnosed with pulmonary embolism and/or deep vein thrombosis. However, issues related to DVT and pulmonary embolism have been an interest of mine for a very long time. I've been involved in numerous clinical trials that focus on prevention, diagnosis and treatment of DVT and PE, and I've published articles related to DVT and PE in the *American Heart*

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*Journal, Archives of Internal Medicine, Circulation* and, more recently, *The Journal of Vascular Nursing*. I'm a co-leader of the Pulmonary Embolism Support Group which was founded at the Brigham and Women's Hospital approximately 17 years ago. We meet approximately once a month for about an hour and 15 minutes. I'm currently a member of the Massachusetts Nursing Association and a member of the steering committee of the Coalition to Prevent DVT which is hosting today's webinar.

### **Slide 4**

The mission of the Coalition to Prevent Deep Vein Thrombosis is to reduce the immediate and long-term dangers of deep vein thrombosis and pulmonary embolism which together comprise one of the nation's leading causes of death. The Coalition will educate the public, they'll educate healthcare professionals and policy makers about risk factors, symptoms and signs associated with DVT as well as identify evidence-based measures to prevent morbidity and mortality from deep vein thrombosis and pulmonary embolism.

### **Slide 5**

In February of 2003, more than 60 organizations assembled at the Public Health Leadership Conference on deep vein thrombosis in Washington, D.C. They were there to discuss the urgent need to make DVT a major U.S. public health priority. As a result of this meeting, which was co-hosted by the American Public Health Association and the Centers for Disease Control and Prevention and funded by sanofi-aventis, participants all agreed to establish a coalition of organizations committed to educating the public and healthcare community about deep vein thrombosis. They continued in August of 2003.

National thought leaders and representatives from key organizations, including the American College of Chest Physicians, the American Public Health Association and the Society of Hospital Medicine, they all met to guide the direction of the Coalition to Prevent Deep Vein Thrombosis. A key outcome of this meeting was the decision to sponsor DVT Awareness Month, a campaign to bring DVT into the public eye on a national and on a local level. The inaugural DVT Awareness Month took place March 2004.

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Last year, due in part to some of the work that the Coalition and its members have done, the U.S. Surgeon General issued a national call to action on deep vein thrombosis and pulmonary embolism, and now this condition is deemed a national public health priority. Over the last six years, the Coalition has grown to more than 60 members, and we are continuing our commitment to educate Americans about the dangers surrounding deep vein thrombosis.

### **Slide 6**

You have probably heard about the Coalition through some of the work our national patient spokesperson, Melanie Bloom, who has completed over the past six years. As you may remember, Melanie lost her husband, David Bloom, an NBC reporter seven years ago while covering the war in Iraq. David Bloom died of a pulmonary embolism. Since then, Melanie has used her loss to bring hope and education to others through raising awareness of this condition. Now, let's take a look at the Coalition's national public service announcement on DVT featuring Melanie Bloom.

### **(Public Service Announcement, US.ENO.08.10.040)**

Now that you know about the Coalition, let's move on to why we have gathered here today.

### **Slide 7**

Our next section is going to be discussing DVT, PE and the risks and how it can be prevented.

### **Slide 8**

You've taken an important step in learning about this common condition. I encourage you to learn all you can and to share this information with loved ones, friends and family. During today's discussion, we will touch on the basics of DVT and PE and why this is an important issue that deserves our attention.

Let's start with some housekeeping items to begin. Throughout this discussion, I encourage you to submit your questions to the moderator of this discussion. Following my presentation, I will be answering some of your questions. As I mentioned before, today's discussion will serve

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to provide a background on DVT and pulmonary embolism. Because we want to focus on DVT and pulmonary embolism as an under recognized condition, I will be unable to answer specific questions relating to treatment, therapies and/or medication. I encourage you to speak with your healthcare provider about any of these conditions since your healthcare provider is your best resource for personal medical information.

I encourage you to visit [www.preventdvt.org](http://www.preventdvt.org) to learn all you can about DVT. Finally, this webinar today is being recorded and will be archived on the Coalition's web site so you can share it with your friends. So now, let's get on with the webinar.

DVT occurs when a blood clot, also known as a thrombus, forms in one of the large veins usually in the lower limbs, leading to either partially or completely blocked circulation. A blood clot has the potential to move into the lungs and block circulation to this vital organ, creating a life-threatening condition. This is known as pulmonary embolism. This condition requires immediate medical attention.

Deep vein thrombosis is a national public health crisis, but many health care providers and patients are unaware of the risks. That is why, as I have mentioned, the Coalition's mission is to increase awareness and drive dialog between health care professionals and patients about the need for proper risk assessment. With proper medical care, the risk of DVT can be reduced.

### **Slide 10**

Here's a video illustration of a deep vein thrombosis and pulmonary embolism. I think this will give you a good example of this process.

### **(Glass Man Video Illustration, US. ENO.08.04.014)**

Pulmonary embolism is one of the most serious complications of deep vein thrombosis. A blood clot that forms in a deep vein can break off, travel through the body to the lung and block a pulmonary artery, often more than one pulmonary artery. Obstruction of a large pulmonary artery can cause respiratory dysfunction, block blood flow from the heart and, in severe cases, ultimately cause death.

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## **Slide 11**

DVT, along with PE, is a major public health crisis, and it can often be fatal. Let's just take a look at the figures here for a few minutes. Up to two million Americans suffer from DVT each year, and about 600,000 are hospitalized each year for DVT and its primary complication, pulmonary embolism. Nearly 300,000 people die from PE annually, the majority of these cases resulting from DVT. Studies show that complications from DVT kill more Americans each year than AIDS and breast cancer combined. That's a very frightening thought.

## **Slide 12**

DVT and PE is a leading cause of death in the United States. This has been proven by autopsy. Ten percent of hospital deaths may be due to pulmonary embolism. At particular risk are the elderly, with one study actually showing that the rate of DVT and PE was more than four times greater in people between the ages of 50 and 80 years old.

## **Slide 13**

DVT is not being appropriately managed in high-risk patients. When looking at the rates of DVT incidents and prophylaxis or DVT management with therapy compared to other major cardiovascular events and their management plan, we're falling somewhat behind. Various studies show that compared to heart attack and stroke, DVT is under managed. Of the 865,000 heart attacks that occur annually, 80 to 94 percent are managed with a secondary risk reduction strategy, resulting in a chance of recurrence of 18 percent in six years.

Well, now let's look at DVT. For DVT, there are two million incidences each years, but only 29 percent are treated with a secondary risk reduction strategy which has resulted in 17.5 chance of recurrence after two years. And if you're able to go up and read the very small print on the slide above, it increases exponentially even after that. So it increases to 24.6 after five years, and (Inaudible) is 30 after eight years.

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## **Slide 14**

Now, let's take a look at the economic burden of all this. The total cost for an episode of DVT in a managed care setting is about \$10,000. Annually, the figures show the cost for care for DVT and PE is estimated at \$1.5 billion.

## **Slide 15**

So what do all these statistics mean? These numbers point to the need for DVT risk assessment so that people who need treatment can obtain it. It's critically important to share your health history and DVT concerns with your healthcare professionals. Ask questions and be prepared to provide information on your lifestyle, diet, your exercise routine, all your medications, the ones that have been prescribed and the ones that you take over the counter. Prior to any planned hospitalization, speak to your health care professionals about prevention of deep vein thrombosis.

## **Slide 16**

Unfortunately, DVT and PE in hospital patients is common and often there are no symptoms, so diagnosis may be very difficult. The first manifestation of a DVT or PE may be fatal, like a fatal PE. For medical patients, the risk of DVT and PE had not well been defined until recently, and the medical patients are now thought to be at higher risk for DVT. Who are the other people at risk for DVT and pulmonary embolism?

## **Slide 18**

Unfortunately, DVT can occur in almost anyone. However, certain individuals may be at increased risk for DVT, including people having undergone recent surgery, those with congestive heart failure or those who have a family history of DVT or PE. These patients will be at increased risk. Other risks are patients with cancer, respiratory failure, infectious disease, patients over 40, overweight, obesity, patients who smoke cigarettes. It is important to note that the more risk factors a person has, the greater chances may be of developing DVT. The Coalition has an electronic risk assessment. You can find this risk assessment on

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[www.preventdvt.org](http://www.preventdvt.org) that you can use to determine your potential risk. In fact, you can print out your results and discuss it with your healthcare professional.

### **Slide 19**

When a person has other health conditions in addition to DVT risk factors, the risk of DVT and PE increases. Other conditions are congestive heart failure, respiratory failure, cancer, infection, chronic lung disease, inflammatory bowel disease and smoking. Risk factors can lead to fatality and the greater the number of risk factors, the higher the risk for DVT. If you only have zero or one risk, there is less than a 24 percent chance of developing a deep vein thrombosis. Once the risk goes higher, if you have two or more risk factors, the risk increases up to 36 percent, and three or more risk factors, the incidence of DVT rises to 50 percent or higher.

### **Slide 20**

DVT is often difficult to diagnose since many times people experience no symptoms at all. However, in some people there may be noticeable signs and symptoms. Let's take a look at what some of the symptoms are for deep vein thrombosis. You could experience pain, swelling, tenderness, discoloration or redness of the affected area, and the skin may be warm to touch. With symptoms of pulmonary embolism you may experience unexplained shortness of breath, chest pain, palpitation or unexplained anxiety and/or sweating. Of course, anyone who begins to experience symptoms of DVT or symptoms of pulmonary embolism should seek medical assistance immediately.

### **Slide 21**

In fact, DVT-related pulmonary embolism is the most common cause of preventable hospital death with nearly 300,000 fatal events each year. Of those 300,000 deaths nearly 60 percent of the patients died following undetected PE with 34 percent suffering from fatal pulmonary embolism. PE kills two times more medical than surgical patients, highlighting the need for prophylaxis in this patient population or preventative therapy for patients on the medical floors.

In one study, over 26,000 patients observed, 93 suffered a fatal PE. Looking at the chart, it shows that of those patients studied who suffered a fatal PE, 68 percent were medical

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patients and 32 percent were surgical patients. In general, the prevalence of absolute risk of DVT in medical patients without prophylaxis varies from patient with different disease types. For medical patients, the prevalence of DVT ranges 10 to 20 percent. That's like general medical patients. General surgical patients, the risk is anywhere between 15 and 40 percent. There is also a 15 to 40 percent risk following major gynecological surgery. For critical care patients, the risk is wide ranging from 10 to 80 percent, depending on, of course, how critically ill the patient is, and for cancer patients, there is a 10 to 15 percent prevalence of DVT without prophylaxis.

### **Slide 22**

Let's take a look at treating deep vein thrombosis.

### **Slide 23**

Diagnosis begins by determining whether you have risk factors for DVT. Your doctor will weigh information about your general health, previous illnesses, including past episodes of DVT, the medicines you're taking, the ones that are prescribed and also over-the-counter, and your recent activity. If DVT is suspected, additional tests will be needed to confirm the diagnosis.

Treating DVT can help reduce complications such as pulmonary embolism. Generally, the goals in treating DVT are to stop the clot from getting larger, reduce the chances of having another clot develop and prevent the clot from breaking off in the vein and moving to the lungs which may result in a pulmonary embolism.

### **Slide 24**

Fortunately, if you are diagnosed with a DVT, there are treatments that can help. Drugs generally used to treat DVT fall into two basic categories. Your doctor may recommend that you take a medication that prevents the growth and development of blood clots, and these are categorized as anticoagulants, or a medication that helps to dissolve a clot by causing it to disintegrate. These medications are referred to as thrombolytic therapy.

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To minimize pain and discomfort, your doctor may recommend that you elevate the affected leg whenever possible, especially if you're having symptoms of swelling, apply heat to relieve the pain and reduce the swelling, wear prescribed compression stockings to reduce the swelling and decrease the pooling of blood in the legs, and he may recommend, your healthcare provider, may recommend avoiding long periods of immobility, particularly in the weeks following your episode. If you think you could be at risk for DVT and are planning a surgery or an extended hospitalization, ask your doctor what you can do to reduce your risk of deep vein thrombosis.

### **Slide 25**

The Coalition, as well as other prominent healthcare organizations, policy-makers and people like you, have worked tirelessly to encourage dialogue and have brought a much-needed focus to deep vein thrombosis. We have helped to build consensus among clinicians, policy-makers to establish DVT guidelines, and these guidelines are meant to protect patients. Let me take you through some of the more important guidelines.

### **Slide 26**

The Call to Action places DVT along other medical issues that the Surgeon General has deemed national priority. They include underage drinking, obesity and smoking. While the health risks associated with being overweight or consuming alcohol or tobacco are all very well known, according to the Coalition to Prevent DVT survey that was presented at the 2006 Surgeon General's workshop on DVT, only one in four Americans were aware of deep vein thrombosis and what it was.

### **Slide 27**

The Joint Commission and the National Quality Forum have established deep vein thrombosis recommendations and guidelines for ICU patients with thrombotic risk. In September of 2004, the Joint Commission and the National Quality Forum entered into a joint project to develop and standardize performance measures for the prevention and care of deep vein thrombosis. The National Quality Forum endorsed safe practice number 17, and the policy states that each patient be evaluated upon admission and regularly thereafter for the risk of developing

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deep vein thrombosis and PE. And what that means is the patient comes into the hospital. Their situation may change. They go to one of the general floors. They should be reevaluated and they should be reevaluated upon discharge.

### **Slide 28**

The American College of Chest Physicians stated their case for DVT prophylaxis at the seventh ACCP conference on antithrombotic and thrombolytic therapy. They said, "We recommend that every hospital develop a formal strategy that addresses the prevention of thromboembolic complications. This should generally be in the form of a written thromboprophylaxis policy, especially for the high-risk groups."

### **Slide 29**

This is an example of the DVT risk assessment tool I mentioned previously. The easy to use form takes into consideration a wide range of risk factors so that a total risk score can be determined. This particular risk assessment tool can be found on [www.preventdvt.org](http://www.preventdvt.org), but I do want to say that it doesn't matter what risk assessment tool you use; it's that you do use one of them.

### **Slide 30**

Thank you for joining us today. I hope that you feel that this information was very useful. Participating in events like this can help increase what you, your family and friends need to know about reducing DVT risk. I encourage you to share the information that you've learned today and show support in helping to spread awareness about this potentially life-threatening condition, and again, I can't encourage you more to go to the web site, [www.preventdvt.org](http://www.preventdvt.org).

### **Webinar Question and Answer Portion**

**Moderator:** Thank you, Ruth. That was very educational today. We apologize if anyone had experienced a technical glitch or an audio glitch during the videos. We would now like to play the PSA before we move into the Q&A session.

**(Public Service Announcement, US.ENO.08.10.040)**

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**Moderator:** Great. As a reminder, the videos shown today can also be found on our web site, [preventdvt.org](http://preventdvt.org), in the video library section. We will now open this webinar up for questions. Here is our first question. What age group is at most risk for DVT?

**Ruth Morrison:** Well, certainly as you get older ... and it's unfortunate they mention 40, but I guess that's the age bracket they've picked ... but as you get older, you're older than 40, your increased risk for DVT begins at that time, and of course, the older you get, the more increased risk you're at. One of the things you could do, too, is go to [dvtprevent.org](http://dvtprevent.org) and look at the risk factors for deep vein thrombosis, and actually, as I said earlier, you can print those out. You can look at ... age is only one risk factor, so what you want to do is go to the list and then figure out how many risk factors you have in addition to your age. So if you're over 40 and then you're having surgery, that might give you two risk factors. If you're having a family history, that would give you another risk factor. So what you want to be able to do is pull this out, get all your risk factors in order, and bring that to your physician for discussion with him.

**Moderator:** Great. Thank you, Ruth. Here's another question. What can the everyday person, not just hospital patients, do to prevent DVT?

**Ruth Morrison:** Well, there are a lot of risk factors that you can actually take control of yourself. One of the risk factors for developing deep vein thrombosis is obesity. You could try to live a heart healthy lifestyle and to lose weight. A second one is if you smoke cigarettes. That increases your risk factors for DVT, and even though it's not an easy thing to do, you would definitely improve your health. Then, of course, knowing your risk. Again, going back to DVT risk factors, and the other thing is to say if you're very sedentary or not even very sedentary, but is to live a very active lifestyle will decrease your risk for DVT tremendously. If you go to the web site, and it will be coming up very soon, there's DVT awareness in motion, and you'd be able to download the DVT motion and also the movement guide, and this will give you ideas to keep you very active to prevent DVT.

**Moderator:** Great.

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**Ruth Morrison:** Actually, I'm sorry, but this will be launching in March, actually, to celebrate DVT Awareness Month as what I talked about in the presentation.

**Moderator:** Here's an additional question. After being diagnosed with DVT, what limitations will I experience as a patient?

**Ruth Morrison:** That is a very broad question, and hopefully if you do not have symptoms of ... if we're just referring to the leg DVT, if you do not have dramatic symptoms, you should be able to return to your normal lifestyle usually within a matter of weeks. Unfortunately, if you do have a lot of leg pain, swelling and tenderness, you may have symptoms of chronic venous insufficiency. These things also can be managed. You could elevate your leg as much as possible. You could also check with your physician, and he could prescribe compression stockings. You could start off at a very minimal compression and then if your symptoms aren't getting better, he could go up on the prescription. Again, most people, they will find out that the more active they are, the less symptoms they will have.

**Moderator:** Thank you, Ruth. I'm in good physical condition, but do I need to still worry about developing a DVT?

**Ruth Morrison:** No, not usually. I mean, if you're active and go through the risk factors and you don't have any family history of DVT, you're not taking the birth control pill, you haven't suffered any recent trauma or broken legs or broken arms, and you don't have underlying cancer, you don't have underlying congestive heart failure. But most of all in those cases you just want to look really strongly at your family history, really get involved to see if you could find out your past medical history. Otherwise, your risk, if you don't have any of those, your risk of developing DVT should be slim.

**Moderator:** Here's another question. You have a support group at Brigham and Women's Hospital. Do you know of any other support groups?

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**Ruth Morrison:** You know, 17 years ago we started this support group, and over the past 17 years Dr. Goldhaber, who also is the co-leader with myself at the Brigham and Women's, we have gone across the country and have spoken about our support group, but it just hasn't seemed to get off the ground. More recently, I've seen some of the support groups online, and I think they're popping up here and here. Some good web sites, you know, that you could maybe just contact to see if there's anything coming up in the future is NATF, NATT. There's also a web site for patients that's clot care. They're very helpful in answering patients' questions, and also I'd be very glad to give you my e-mail address if you're interested in either partaking in the one that we have in Boston. I don't know how many of you are from that area or are interested in setting one up in your part of the country. My e-mail address is [rmorrison@partners.org](mailto:rmorrison@partners.org), P-A-R-T-N-E-R-S, dot org. My name is Ruth Morrison, and that's spelled M-O-R-R-I-S-O-N, and my e-mail address is [rmorrison@partners.org](mailto:rmorrison@partners.org), and I don't know if you got the beginning of the thing, but I'm a registered nurse at the Brigham and Women's Hospital in Boston.

**Moderator :** Thank you. I would be interested in a list of exercises with pictures preferably that could be used during a plane ride and/or during prolonged seating in front of the computer. Where can I go to find these, or is there any list available?

**Ruth Morrison:** Yes, there is actually, and it's called DVT Awareness in Motion. DVT Awareness in Motion is an educational program that's been newly developed, by the way, that demonstrates simple, low-impact movements that may help reduce the risk of DVT by encouraging, you know, good blood circulation. You can find out more about that program, and again that's on [www.preventdvt.org](http://www.preventdvt.org). These exercises are just meant for what you're asking. I'm not sure if it would be good in patients in the hospital that were up and ambulatory and that just wanted to kind of move all their muscles and get everything continued to work, but certainly they're great for cramped spaces, long car rides, train rides and airplane travel. So you should really check this out. It's actually very entertaining as well.

**Moderator:** Here's another question. Can any type of surgery cause DVT?

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**Ruth Morrison:** Well, yes. Surgery in itself is a risk factor for deep vein thrombosis. It's usually surgery that lasts more than an hour and not, say, surgery such as like a laparoscopy or a cardiac catheterization. These usually don't require general anesthesia. You're not immobilized for long periods of time, but certainly orthopaedic surgeries have a high rate of, you know, DVT and PE as well as neurosurgeries and extensive cardiac surgery. So those are the things that you need to discuss with your doctor, because hopefully with proper prophylaxis, you will not suffer a DVT or pulmonary embolism.

**Moderator:** Here's an additional question. Is long distance travel safe? Would that put me at an increased risk for DVT?

**Ruth Morrison:** First of all, if you've never had a DVT, the long risk travel shouldn't put you at risk than anybody else, but you really don't know if maybe you have an inherited disorder. So what we tell all our patients is don't sit at a computer more than two hours without getting up. Don't sit in a car for more than two or three hours without getting up. Drink plenty of water, because if you do drink plenty of water, you're going to have to go to the ladies room or the mens room anyway, and so that will get you up and moving. You know, and the same thing with trains and airplanes. Another thing that people don't often think about in traveling is they should also avoid alcohol, because that can actually dehydrate you and make you more prone to developing a DVT.

**Moderator:** Here's an additional question. Can a fall on the leg cause DVT?

**Ruth Morrison:** Yes. Trauma to a leg can cause DVT. One thing that you want to look out for after a traumatic fall to a leg or an arm even is, you know, making sure that the swelling is appropriate for the injury, the pain is appropriate for the injury, that those symptoms don't get worse, that they get better. Another thing you want to do is if you're casted, you want to take special attention to looking at the color of your skin and your toes and making sure that your circulation is getting to your leg properly, but yes, trauma is a risk factor for deep vein thrombosis.

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**Moderator:** How many people, other than hospital or surgery patients, are affected by DVT in America? Do you have any statistics on this?

**Ruth Morrison:** Yes. I think I actually just went over this in one of the slides, but it was kind of a complicated slide, but there are up to two million Americans that suffer from deep vein thrombosis annually.

**Moderator:** Great. How is DVT diagnosed?

**Ruth Morrison:** The gold standard for diagnosing DVT is with a venous ultrasound of the legs or the arms. That's the gold standard. Venography is still done on occasion but is very invasive. Physicians might first order a D-dimer, which is a blood test which can make you suspicious that a patient has had a DVT or a pulmonary embolism, so they might start with that first. But an ultrasound is noninvasive. It's quick, and it can pretty much diagnose you probably within less than a half hour ... within around a half hour.

**Moderator:** How quickly after surgery can a DVT develop? Is it days or is it weeks? How do I know? Can you talk a little bit about risk factors? I know you may have mentioned these earlier.

**Ruth Morrison:** Right. You know, it's not well known when patients actually develop the risk of DVT. A lot of hospitals now have the practice when the patient first goes into preop, they actually put them on the intermittent pneumatic compression boots. They then give them the anesthesia and have the intermittent pneumatic compression boots going throughout the surgery. Hopefully postoperatively, as soon as they're cleared medically to have prophylaxis, they usually begin with pharmacological prophylaxis, whatever the choice of the physician is. So when it really happens ... and then that's the other thing. Do you go home on prophylaxis? These are all things that need to be further studied.

**Moderator:** Will this webinar be available following the broadcast?

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**Ruth Morrison:** Yes. Actually, the webinar is actually being recorded today, and it will be found, again, on the web site, [www.preventdvt.org](http://www.preventdvt.org).

**Moderator:** Okay. Thank you, Ruth.

**Ruth Morrison:** You're welcome.

**Moderator:** We'd like to thank you for joining our webinar today. Remember, check back in March on preventdvt.org for additional materials or information surrounding DVT Awareness Month and any DVT Awareness Month activities. Remember, the transcript will also be available on preventdvt.org. This concludes the Coalition to Prevent DVT's webinar. Thank you for taking the time to join us today. Have a great day!

**(END OF TAPE)**