
Thrombosis Treatment Team

Risk of venous thrombosis and long distance travel (including air flights) - information for travellers

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 that are less than six hours.

Below are the different risk categories with suggested precautions for continuous journeys lasting more than six hours.

Low risk

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

Recommendations:

- 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 two months but not in the last four weeks.

Recommendations:

- 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 four weeks.

Recommendation:

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

Special considerations

- Some patients with a history of DVT (or PE) and additional major risk factors for recurrence of thrombosis for example: 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 two 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.

Adapted from:

This information has been adapted from the British Committee for Standards in Haematology: <http://www.bcshguidelines.com>



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Bengali

Document history

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