

Deep-vein thrombosis treatment

1. [bed rest](#), with elevation of involved leg(s)
2. unless [anticoagulation](#) is contraindicated: start [heparin](#) aim for [APTT](#) = 1.5–2 × control; or fixed-dose of [Low-molecular weight heparin](#), e.g. [tinzaparin](#) (Logiparin®), or in the U.S. [enoxaparin](#) (Lovenox®). Simultaneously initiate [warfarin](#) therapy. [Heparin](#) can be stopped after ≈ 5 days.
3. in patients where [anticoagulation](#) is contraindicated, consider inferior vena cava interruption or placement of a filter (e.g. Greenfield filter)
4. in non-paralyzed patients, cautiously begin to ambulate after ≈ 7–10 days
5. wear anti-embolic stocking on affected LE indefinitely (limb is always at risk of recurrent DVT).

Treatment is recommended for both proximal and symptomatic distal (isolated calf) DVT. If [anticoagulation](#) cannot be administered or is contraindicated for calf DVT, then the recommendations are for serial noninvasive studies over the next 10 to 14 days to assess for proximal progression of the [thrombus](#) ¹⁾.

¹⁾

Hyers TM, Agnelli G, Hull RD, et al. Antithrombotic therapy for venous thromboembolic disease. Chest. 2001; 119 (suppl 1): 176S–193S.

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