DVT Examination

Introduction
- Wash hands, Introduce self, ask Patients name & DOB & what they like to be called, Explain examination and get consent
- Expose the patient’s legs. Check if any pain in legs.

General Inspection
- Patient: stable, breathless, pain/ discomfort, face, position
- DVT risks: cancer, pregnancy, immobility (aids), signs of recent surgery or trauma
- Around bed: medicines etc

Leg Inspection
Inspect fully with patient standing...
- Skin: colour changes
- (Ankle) swelling (DVT; HF)
- Venous insufficiency signs
  1. Venous eczema and haemosiderin deposits (red-brown patches).
  2. Lipodermatosclerosis (i.e. champagne bottle leg; increased venous pressure causes inflammatory cells to fibrose subcutaneous tissue)
  3. Venous ulcers
- Superficial venous dilatation and tortuosity (varicose veins)

Palpation
- Feel for temperature differences (minimum 3 places) & tenderness (squeeze near ankle and then up calves and watch face)
- Pitting oedema: if present, establish how far oedema extends; also check JVP if you find oedema
- Measure leg diameters: measure circumference 10 cm below tibial tuberosity (<3cm not significant)
- Pulses

Percussion
N/A

Auscultation
- Lung bases (reduced sounds may be PE)

Summary
- Thank patient and cover them
- “To complete my exam, I would perform a full cardiovascular exam and respiratory exam”
- Summarise and suggest further investigations you would do after a full history e.g.
  - FBC, U&Es (general state), coagulation blood tests
  - D-dimer IF LOW WELLS SCORE (can rule out DVT)
  - Compression USS (shows veins not collapsing under compression) IF HIGH WELLS SCORE OR +VE D-DIMER
  - Others: isotope venogram (rarely necessary), duplex (USS +Doppler scan) (rarely readily available).