

DVT Examination

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atient's name & DOB & what they like to be called, **E**xplain 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).