

Clots and Emboli

Deep vein thromboses (DVT) are blood clots that form in the larger veins deep within the lower extremities or the pelvic area. A blood clot in a superficial vein (*often in a varicose vein*) has little mortality risk but can lead to local soft tissue inflammation (*known as thrombophlebitis*), ulceration, and infection (*known as cellulitis*). A blood clot in a deep vein may break off in pieces that travel first to the heart and then to the lungs. In the lungs, this event is called a pulmonary embolism (PE). A large clot to the lungs can cause acute pulmonary hypertension, low oxygen, and sudden death. Smaller clots can cause symptoms but may not cause sudden death. The death rate in recurrent PE is 45%.

DVT often causes leg pain and swelling while the classic symptoms of PE are sudden onset of chest pain, shortness of breath and cough productive of bloody sputum. Diagnosis is difficult and dangerous episodes can be misdiagnosed. Possible tests to detect PVT and PE include MRI, CT scanning, blood tests, ventilation-perfusion scan, venogram, and compression ultrasound of legs. Pulmonary angiogram is the best test for PE.

Risk factors for DVT (*and subsequent PE*) are stasis, trauma, and hypercoagulability. Stasis is associated with events that cause decreased mobility and/or reduced blood flow (*such as being bed ridden or in a leg cast*). Soft tissue injury may cause direct damage to the vein. Any history, however old, of lower body trauma or surgery puts a person at risk for DVT. Hypercoagulable states are discussed under bleeding and clotting disorders (*Rx for Success #84*).

Initial treatment for clots and emboli is usually hospitalization and anticoagulation therapy with injections of heparin or heparin like products such as Lovenox and Fragmin. This is followed by oral anticoagulant with coumadin for six months. In some cases, lifelong coumadin treatment is required. Recurrent episodes are sometimes surgically treated with an intravascular filter (*a Greenfield filter*) to catch clots in the blood stream before they reach the lungs.

The increased mortality associated with clots is due to complications. These are: infection, pulmonary embolism, and potentially dangerous bleeding episodes caused by the anticoagulant therapy.

Underwriting consideration:

DVT or PE present	Postpone until resolved
Single episode of DVT or PE, resolved, on no medication	0
Recurrent DVT or PE	
Two episodes in past 3 years	Table B
More than two episodes in last 3 years	Individual consideration
More than 3 years ago	Generally not rated
Varicose veins of legs, superficial thrombophlebitis	Generally not rated unless complicated by ulceration or infection

Anyone on coumadin or heparin products will be rated a minimum of Table B.

To get an idea of how a client with a history of Clots and Emboli would be viewed in the underwriting process, please feel free to use the attached *Ask "Rx" pert underwriter* for an informal quote.

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This material is intended for insurance informational purposes only and is not personal medical advice for clients.

Clots and Emboli - Ask "Rx" pert underwriter
(ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of Clots or Emboli, please answer the following:

① Please give the diagnosis: _____

② Please note type of treatment:

- Coumadin Hospitalization _____ (date)
 Aspirin Heparin

③ Was there a Thromboembolic event?

- MI DVT Other
 CVA PE None

④ Has there been any evidence of recurrence?

- yes, please give details _____
 no

⑤ Is your client on any medications?

- yes, please give details _____
 no

⑥ Has your client smoked cigarettes in the last 12 months?

- yes, please give details _____
 no

⑦ Does your client have any other major health problems (ex: cancer, etc.)?

- yes, please give details _____
 no

After reading the *Rx for Success* on Clots and Emboli, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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