



PATIENT INFORMATION SHEET**Superficial Thrombophlebitis****What is superficial thrombophlebitis?**

Superficial thrombophlebitis occurs when there is inflammation and clot in a surface vein. Inflammation in the vein often occurs after an injury (e.g. a knock to the vein) but may occur without any injury.

What are the symptoms of thrombophlebitis?

Inflammation in the vein often causes symptoms of pain and swelling around the vein. Often a ropey cord (which is the vein with clot within it) can be felt and is usually tender.

Is superficial thrombophlebitis dangerous?

In itself, superficial thrombophlebitis is not dangerous. It is important however to ensure that the clot has not grown to involve other veins (deep veins). Clot that involves deep veins can often grow and even "travel" to other parts of the body (e.g. the lungs). Clot that only involves the surface (superficial veins) rarely if ever travels to other parts of the body.

What tests need to be done for superficial thrombophlebitis?

An ultrasound of the vein needs to be performed to show where the clot is within the vein and to rule out other veins being involved. Ultrasounds are harmless and not painful.

What is the treatment of superficial thrombophlebitis?

The treatment of superficial thrombophlebitis depends on the cause and the type and severity of the symptoms present. In superficial thrombophlebitis of the legs, a short course (4 weeks duration) with a blood thinning medication is generally recommended. This treatment has been shown to reduce the symptoms and to also prevent clots growing and involving the deep veins. The use of blood thinning medication has side effects however and this should be discussed with your doctor. Other treatments available for superficial thrombophlebitis include compression bandages and oral medications called anti-inflammatory medications (e.g. Voltaren).

Resources used in producing this patient information

Antithrombotic therapy for venous thromboembolic disease: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. :401S-428S, 2004;126(3 Suppl).