

## Script – Print – Getting a leg up on blood clots

During his 14-year career in the NFL, Deion “Prime Time” Sanders was known for his silky moves on the football field. But now the 55-year-old college football coach has been slowed, due in large part to blood clots he’s suffered over the years.

Sanders was back in the news recently due to surgery he had on blood clots in both legs. It’s not his first go-around with this serious health issue. In 2021 he had two toes amputated due to clots.

Blood clots can happen to anyone. Deep vein thrombosis (DVT) is a blood clot located in a deep vein, usually in a leg or arm. A pulmonary embolism (PE) is a blood clot that has traveled from a deep vein to a lung. According to the Centers for Disease Control and Prevention (CDC), 900,000 people suffer from a blood clot each year and 100,000 people die. About 30% of people who have had a DVT or PE are prone to a recurrence.

“It is a serious problem,” says Dr. Samantha Cox, a vascular surgeon with OSF HealthCare. “It’s something that you’re going to want to seek medical care for. The venous blood clots can be fatal, and you may develop a blood clot in your lower extremity, say after a prolonged period where you’re sedentary, maybe after prolonged travel, maybe you have a hypercoagulable state or a disease state that puts you for higher risk of developing a blood clot. If that were to travel to your lungs, that’s approximately 10% chance of mortality. So, it could be fatal at the time that it’s identified.”

Risk factors for blood clots vary. They include being older, overweight, a family history, illnesses such as cancer or heart disease, being sedentary due to surgery, confined to a bed or paralysis.

About half of people with DVT exhibit no symptoms. For those who do, warning signs include swelling, pain, tenderness or redness of the skin. The same goes for PE. But if you’re experiencing trouble breathing, fast heartbeat, chest pain, coughing blood or light headedness, seek help immediately.

“Blood clots are common, especially in an aging population or if you have certain risk factors,” says Dr. Cox. “Many patients have no idea that they have an underlying blood clotting disorder. Other people have what we call an acquired thrombotic state or pro thrombotic state; maybe they’re a smoker, maybe they’re obese or have diabetes, all those things will put them at a slightly increased risk for blood clotting. Also, use of any medications for example, hormonal medications, are known medications that may cause increased risk of blood clotting.”

Blood clots can be treated. Many patients are placed on blood thinners long term to prevent future clots. Compression stockings are often recommended to prevent DVT and relieve pain and swelling. In the most serious cases, clots are removed surgically, such as the case with Sanders.

And while he avoided amputation this time, Sanders still has a long road to travel.

“He will likely require other interventions in the future when someone is coming to the position of having tissue loss or digit loss losing part of their feet or toes that’s an organ failure,” says Dr. Cox. “Just like we talk about people who have blindness or people who have kidney failure that can’t reverse, and they go on to hemodialysis. When you’re losing your digits or losing the soft tissue on your feet, or your lower extremities, that’s an end organ problem, which then becomes a chronic problem. So, this will be

something that he has to manage for the rest of his life.”

To prevent blood clots, Dr. Cox has several recommendations, starting with visiting your physician regularly.

“When you start to see a problem develop, when you see a wound or sore, discoloration to your feet or your legs, have that checked out by your provider,” she says. “Make sure your physicians are aware of that problem. This is not one of those times when you should put your head in the sand and hide. You really want to come to your physicians with that clinical problem and let them work with you to develop an appropriate solution.”

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