

Heart Disease and Travel

How to Fly, Drive, Cruise, and Climb Safely With a Heart Condition

Most people with heart disease can travel and enjoy it. The secret is to plan ahead. This guide shows you how to prepare, fly safely, prevent blood clots, and handle altitude, heat, and time-zone medicine changes.

Most Heart Patients Can Travel

The key is to plan ahead — not to stay home.

1. BEFORE YOU GO

Pack a med list + extra days of medicine in your carry-on. Get cleared if you had a recent event.

2. ON THE WAY

Walk, stretch, and drink water on long flights. Tell security about your pacemaker or ICD.

3. AT YOUR DESTINATION

Know where care is. Go up to high altitude slowly. Stay cool and drink fluids in the heat.

Heart Disease and Travel

A plan-ahead guide for flying, driving, cruising, and mountains.



Online: <https://go.riasalimd.com/travel-and-heart-guide>

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Last Updated: August 2026



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Names & Terms You Will Hear

Term	Meaning
Fitness to Fly	A check of whether it is safe for you to fly. Stable heart patients usually pass with no trouble.
Cabin Pressure	The air pressure inside a plane. It is set to feel like being on a mountain 6,000-8,000 feet high.
Supplemental Oxygen	Extra oxygen given through a small tube. It can be arranged on flights if you need it.
Portable Oxygen Concentrator (POC)	A small machine that makes oxygen. Only FAA-approved POCs are allowed on planes.
Deep Vein Thrombosis (DVT)	A blood clot in a deep leg vein. The main risk from sitting still on long trips.
Pulmonary Embolism (PE)	A clot that breaks loose and travels to the lungs. A DVT can become a PE.
Compression Stockings	Snug socks that squeeze the legs gently. They help blood flow and lower clot risk on long flights.
Altitude	Height above sea level. The higher you go, the less oxygen is in the air.
Jet Lag	Tiredness and an off body clock after crossing time zones. It can shift when you take your medicine.
Device ID Card	A wallet card that names your pacemaker or ICD. Show it at airport security.
Pre-Existing Condition	A health problem you already have, like heart disease. Make sure travel insurance covers it.



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Heart Disease and Travel?

- Most people with stable heart disease can travel safely. Travel is good for your mind and spirit. The goal is to plan ahead, not to stay home.
- **Plan ahead** is the whole message of this guide. A little prep before you leave prevents almost every problem.
- The biggest travel risk is not the heart itself. It is sitting still for hours, which can cause leg clots (DVT) that can travel to the lungs (PE).
- Flying is safe for most stable heart patients. The cabin has a bit less oxygen, like being on a low mountain. Stable hearts handle this fine.
- If you recently had a heart attack, heart surgery, or have unstable symptoms, you may need to wait or get cleared first. Ask your doctor before you book.
- Pacemakers and ICDs are safe to travel and fly with. You just tell airport security and carry your device card.
- Long flights, mountains, heat, and time-zone changes each need a simple plan. This guide gives you one for each.
- When in doubt, call us before your trip. A quick check now can save a ruined trip later.



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Travel Situations: The Risk and Your Simple Precaution

Travel Situation	Why It Adds Risk	Your Precaution
Long flight or drive (over 4 hours)	Sitting still slows blood in the legs and can cause clots.	Move every 1-2 hours, pump calves, drink water, wear compression socks if higher risk.
Flying soon after a heart event	Lower cabin oxygen stresses a healing or weak heart.	Wait at least 3 weeks after an uncomplicated heart attack. Get cleared by your doctor first.
High altitude (mountains)	Less oxygen up high makes the heart work harder.	Go up slowly, rest, and use caution with significant heart or lung disease.
Heat and humidity	Sweating and dehydration strain the heart and drop blood pressure.	Stay cool, drink fluids, rest in the hottest hours, and know how your water pills affect you.
Crossing time zones	Jet lag shifts when you take your medicine.	Write a dose plan for blood thinners and insulin before you leave.

The one rule that prevents most travel trouble: plan ahead. Pack your medicine in your carry-on with extra days, get cleared if you had a recent event, move on long flights, and know where care is at your destination. Do these and most heart patients travel with no problems.



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Why It Matters

- Heart disease does not mean your traveling days are over. With a plan, most patients travel the world safely.
- Sitting still for more than 4 hours raises your risk of a leg clot (DVT). The risk goes up the longer you sit.
- A leg clot can break loose and travel to the lungs. This is a pulmonary embolism (PE) and it can be deadly. Simple steps prevent it.
- Planes have lower oxygen than the ground. Stable hearts adjust with no problem. But a very weak heart or recent event may need clearance first.
- Mountains have even less oxygen than a plane. Your heart works harder up high. Going up slowly gives your body time to adjust.
- Heat and dehydration strain the heart and can drop blood pressure. Some heart and water pills make this worse.
- Crossing time zones shifts when you take your medicine. This matters most for blood thinners and insulin, where timing keeps you safe.
- Knowing where care is at your destination means you are never caught off guard if a symptom comes up.



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Long Flights: Prevent Clots

Sitting still over 4 hours raises clot risk.

- ✓ Walk the aisle every 1-2 hours
- ✓ Pump your calves while seated
- ✓ Drink water; go easy on alcohol
- ✓ Wear compression socks if higher risk
- ✓ Pick an aisle seat so it is easy to move

**Know clot warning signs:
calf swelling, sudden breathlessness.**

Airport Security With a Device

Pacemakers and ICDs are safe to travel with.

- ✓ Tell the screener about your device
- ✓ Carry your device ID card
- ✓ Ask for a hand-wand or pat-down
- ✓ Do not let a wand linger over it
- ✓ Walking through is okay; keep moving

**The scanner will not harm your device,
but a quick pat-down is simplest.**

Two flying basics. Left: prevent leg clots on long flights by moving, hydrating, and using compression socks if you are higher risk. Right: pacemakers and ICDs are safe — tell the screener, show your card, and ask for a pat-down.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
A recent heart attack	Do not fly for at least 3 weeks after an uncomplicated heart attack. Longer if it was complicated. Get cleared by your doctor.
Recent heart surgery or chest procedure	Avoid flying for at least 10 days after chest or belly surgery. Trapped air and gas can expand at altitude.
Unstable or new symptoms	New chest pain, breathlessness, or fainting means do NOT travel until you are checked and stable. Get cleared first.
Severe heart failure	A very weak heart handles low cabin oxygen poorly. You may need supplemental oxygen or to delay the trip.
A history of blood clots (DVT or PE)	Long sitting raises your clot risk much more. Use compression socks, move often, and ask about extra steps.
Travel to high altitude (mountains)	Less oxygen up high strains the heart. Ascend slowly and use caution with significant heart or lung disease.
Taking a blood thinner or insulin	Crossing time zones changes your dose timing. Make a written dose plan before you leave.



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Before You Go: Medicines, Records, and Insurance

- **Get cleared if needed.** If you had a heart attack, heart surgery, a new device, or new symptoms in the last few weeks, see your doctor before you book a trip.
- **Medicine in your carry-on.** Pack ALL your pills in your carry-on, never your checked bag. Bring a few extra days in case a flight is delayed or cancelled.
- **Carry a written med list.** List each drug, the dose, and the time you take it. Take a photo on your phone too. This helps any doctor who cares for you away from home.
- **Bring a short health summary and device card.** Note your conditions, any stents or valves, your doctor's number, and your pacemaker or ICD ID card.
- **Buy the right travel insurance.** Make sure the plan covers your pre-existing heart condition and care abroad. Read the fine print before you pay.
- **Know where care is.** Look up a hospital or clinic near where you are going before you leave home.
- **If you take a blood thinner,** ask us about timing and any plan for procedures while away. See our [anticoagulation bridging guide](#).



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Flying: Oxygen, Airport Security, and Clot Prevention

- **Cabin air has less oxygen**, like being on a mountain 6,000-8,000 feet high. Stable hearts handle this fine. Most patients fly with no trouble at all.
- **Supplemental oxygen can be arranged.** If you use oxygen or have a weak heart, ask the airline ahead of time. Only FAA-approved portable oxygen concentrators are allowed.
- **Wait or get cleared after an event.** A recent heart attack, unstable symptoms, or severe heart failure may mean you should wait to fly or get cleared first.
- **Security and your device:** pacemakers and ICDs are safe to walk through screening. Tell the screener, carry your device card, and ask for a hand-wand or pat-down. Do not let a hand-wand linger over the device.
- **The big flight risk is sitting still.** On flights over 4 hours, leg clots (DVT) can form. Walk every 1-2 hours, pump your calves, drink water, and go easy on alcohol.
- **Compression socks help higher-risk flyers.** Snug below-knee socks support blood flow. Ask us if they are right for you.
- **Know the clot warning signs.** Calf swelling or sudden breathlessness needs care fast. See our [DVT guide](#) and [PE guide](#).



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Altitude, Heat, and Timing Your Medicines

- **Altitude (mountains):** the air has less oxygen the higher you go. Your heart works harder. Climb gradually, rest, and give your body days to adjust.
- **Use caution up high with serious heart or lung disease.** Ask us before a mountain trip if your heart is weak or your symptoms are not well controlled.
- **Heat and humidity** make you sweat and lose fluid. This can drop your blood pressure and strain the heart. Stay cool, drink water, and rest in the hottest hours.
- **Sun and certain medicines:** some heart and water pills make your skin burn faster or raise dehydration risk. Use sunscreen and a hat, and ask us if yours are a concern.
- **Jet lag and medicine timing:** crossing time zones shifts your dosing clock. For most pills, keep them on your home schedule for the first day, then adjust slowly.
- **Blood thinners and insulin need a real plan.** Write out exactly when to take each dose across the time change. Do not skip or double up on your own.
- **Cruises and remote spots:** medical care may be hours away. Bring extra medicine, know the ship's clinic, and carry your records. See our [PAD guide](#) if leg circulation is a concern on long trips.



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Treatment Options

- **Before you go — get cleared if needed.** Had a recent heart attack, surgery, or new symptoms? See your doctor for a pre-trip check before you book.
- **Pack smart.** Put ALL your medicines in your carry-on, not your checked bag. Bring a few extra days in case of delays. Keep pills in their labeled bottles.
- **Carry your papers.** A written medicine list, a short health summary (your conditions, stents, valves, and doctor's number), and your pacemaker or ICD device card.
- **Get the right insurance.** Buy travel insurance that covers your pre-existing heart condition. Read the fine print.
- **On long flights, prevent clots.** Walk the aisle every 1-2 hours. Pump your calves in your seat. Drink water. Go easy on alcohol. Wear compression socks if you are higher risk.
- **At security, speak up about your device.** Tell the screener you have a pacemaker or ICD. Show your card. Ask for a hand-wand or pat-down, and do not let a wand linger over the device.
- **Go up slowly at altitude.** In the mountains, climb gradually and rest. Use extra caution with significant heart or lung disease.
- **Plan your medicine times across time zones.** For blood thinners and insulin, write out exactly when to take each dose. Ask us if you are unsure.



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Pack This in Your Carry-On — Not Your Checked Bag

All Your Medicines

In the bottles, plus a few extra days in case of delays. Carry-on only.

A Written Med List

Drug names, doses, and times. Snap a phone photo of it too.

A Short Health Summary

Your conditions, your stents or valves, and your doctor's phone number.

Device ID Card

Your pacemaker or ICD card. Show it at airport security.

Travel Insurance Info

A plan that covers your pre-existing heart condition.

Where Care Is

The name of a hospital or clinic near where you are going.

Pack these six things in your carry-on bag, not your checked luggage. If your checked bag is lost or delayed, you still have your medicine and your records.

Pacemaker or ICD? You are safe to fly and to walk through airport screening. Just tell the screener, carry your device ID card, and ask for a hand-wand or pat-down instead of a long scan. For imaging questions while you travel, see our [device MRI safety guide](#).



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Choose an aisle seat so it is easy to stand and walk.
- Set phone reminders to get up and move every 1-2 hours.
- Sip water often. Skip extra alcohol and salty airport snacks.
- Do simple calf pumps: lift your toes, then your heels, while seated.
- Wear loose, comfortable clothing and slip-on shoes.
- Build in a rest day after a long trip before busy plans.
- In heat, stay in shade, use fans or air conditioning, and rest during the hottest hours.
- Keep a small snack handy if you take insulin or diabetes pills.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Flying with stable heart disease	Slightly lower oxygen in the cabin. Small clot risk from sitting still on long flights.	Lets you travel, see family, and enjoy life. Safe for the large majority of stable patients.	Drive, take a train, or split a trip into shorter legs if flying worries you.
Compression socks on long flights	Mild and rare. Can feel tight. Wrong size can pinch. Get fitted if unsure.	Support blood flow in the legs and lower the risk of clots on flights over 4 hours, especially if higher risk.	Frequent walking, calf pumps, and good hydration also lower clot risk on their own.
Supplemental oxygen in flight	Must be arranged ahead. Only FAA-approved units allowed. May add cost.	Lets people with a weak heart or low oxygen fly more safely and comfortably.	Delay the trip until more stable, or choose ground travel at lower altitude.
Going to high altitude	Less oxygen strains the heart. Can be risky with severe heart or lung disease.	Opens up mountain trips and scenic travel when done slowly and safely.	Choose a lower-altitude destination, or ascend gradually with rest days and a doctor's okay.



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Common Misconceptions

Myth	Reality
MYTH: Having heart disease means I can't travel anymore.	FACT: Most people with stable heart disease travel safely. The key is to plan ahead — not to stay home.
MYTH: Flying is dangerous for anyone with a heart problem.	FACT: Flying is safe for most stable heart patients. Only recent events, unstable symptoms, or a very weak heart may need a wait or a doctor's clearance first.
MYTH: Airport scanners will damage my pacemaker or ICD.	FACT: Walking through screening is safe. Just tell the screener, carry your device card, and ask for a hand-wand or pat-down. Do not let a wand linger over the device.
MYTH: Blood clots from flying only happen to sick people.	FACT: Anyone can get a clot from sitting still for hours. Moving, hydrating, and compression socks lower the risk for everyone.
MYTH: I can pack my heart medicine in my checked bag.	FACT: Always keep medicine in your carry-on. Checked bags get lost or delayed. Bring a few extra days of pills too.
MYTH: I should change my medicine times the moment I land.	FACT: For most pills, keep your home schedule the first day, then adjust slowly. Blood thinners and insulin need a written plan — ask us first.
MYTH: Mountain trips are fine if I felt okay on the plane.	FACT: Mountains have even less oxygen than a plane cabin. Go up slowly and use caution with serious heart or lung disease.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Blood clot in the leg (DVT)	From sitting still on long trips. Causes calf pain, swelling, warmth, or redness. Move often and use compression socks to prevent it.
Clot in the lungs (PE)	A leg clot can travel to the lungs. Causes sudden shortness of breath, chest pain, or coughing blood. This is a 911 emergency.
Chest pain or a heart event away from home	Stress, dehydration, or skipped medicine can trigger symptoms. Know where the nearest hospital is before you travel.
Altitude strain on the heart	Less oxygen up high makes the heart work harder. Can cause breathlessness or chest pressure. Ascend slowly.
Heat illness and dehydration	Hot weather and water pills can drop blood pressure and cause dizziness or fainting. Stay cool and drink fluids.
Medicine timing errors across time zones	Missed or doubled doses of blood thinners or insulin can be dangerous. Use a written dose plan.



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Warning Signs to Watch For During and After a Trip

Warning Sign	What to Do
Calf pain, swelling, warmth, or redness (possible DVT)	Call your doctor the same day. Do not rub the leg.
Sudden shortness of breath, chest pain, or coughing blood (possible PE)	Call 911 right away. This is an emergency.
Chest pressure, pain, or tightness that is new or worse	Stop and rest. Call 911 if it lasts more than a few minutes.
Fainting, severe dizziness, or a racing, pounding heart	Sit or lie down. Call 911 if it does not pass quickly.
More leg swelling, sudden weight gain, or breathless lying flat	Call us. These can be signs of heart failure getting worse.



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Points to Know

If you remember nothing else, remember these key points.

- Most people with stable heart disease can travel safely. Plan ahead — do not just stay home.
- Pack ALL your medicine in your carry-on, with a few extra days. Add a med list, a health summary, and your device card.
- Get cleared first if you had a recent heart attack, surgery, or new symptoms. Wait at least 3 weeks after an uncomplicated heart attack.
- The biggest flight risk is sitting still. On trips over 4 hours, walk often, pump your calves, drink water, and use compression socks if higher risk.
- Pacemakers and ICDs are safe at security. Tell the screener, show your card, and ask for a hand-wand or pat-down.
- Cabin air has less oxygen, like a low mountain. Stable hearts are fine. Oxygen can be arranged if you need it.
- Go up slowly at altitude. Stay cool and hydrated in heat. Plan blood thinner and insulin times across time zones.
- Know the clot warning signs: calf swelling, or sudden breathlessness and chest pain. Call 911 for the lung signs.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911 right away** — sudden shortness of breath, chest pain, or coughing up blood during or after a trip. This can be a clot in the lungs (PE).
- **Call 911 right away** — chest pressure or pain that lasts more than a few minutes, or comes with sweating or fainting.
- **Call us the same day** — calf pain, swelling, warmth, or redness, especially after a long flight or drive. This can be a leg clot (DVT).
- **Call us before you book** — if you had a heart attack, heart surgery, a new device, or new symptoms in the last few weeks.
- **Call us before you go** — to plan blood thinner or insulin timing across time zones, or to ask about oxygen for a flight.
- **Call us with questions** — if you are unsure whether a destination, altitude, or activity is safe for your heart. We would rather hear from you twice than miss something real.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [AHA — Travel and Heart Disease](#) - American Heart Association's patient guide to traveling safely with a heart condition.
- [CDC Yellow Book — Air Travel](#) - Official guidance on cabin pressure, flying after a heart event, and in-flight oxygen rules.
- [CDC Yellow Book — Travelers With Chronic Illnesses](#) - How to prepare for travel with a long-term condition, including medicines and records.
- [CDC Yellow Book — High Elevation Travel & Altitude Illness](#) - What to know about altitude, low oxygen, and ascending safely.
- [Mayo Clinic — Air Travel and Heart Disease](#) - Plain-language answers on when flying is safe and how security screening works with a device.
- [Cleveland Clinic — Deep Vein Thrombosis \(DVT\)](#) - Long-travel clot risk, in-seat exercises, hydration, and compression-stocking guidance.
- [TSA — Travelers With Disabilities and Medical Conditions](#) - Official airport screening procedures, including how to travel with medicines and medical devices.
- [DVT Guide — go.riasalimd.com/dvt-guide](#) - Our deep vein thrombosis guide — clot prevention, signs, and treatment in more depth.
- [PE Guide — go.riasalimd.com/pe-guide](#) - Our pulmonary embolism guide — what a lung clot is and when it is an emergency.
- [PAD Guide — go.riasalimd.com/pad-guide](#) - Our peripheral artery disease guide — leg circulation and travel comfort.
- [Anticoagulation Bridging Guide — go.riasalimd.com/anticoag-bridge-guide](#) - Our guide to managing blood thinners around procedures, useful for travel planning.
- [Device MRI Safety Guide — go.riasalimd.com/device-mri-guide](#) - Our guide to imaging and safety with a pacemaker or ICD.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AHA — Travel and Heart Disease](#) [Patient-Education]
Primary patient-facing travel checklist: medications in carry-on, documentation, long-flight clot prevention, compression socks, and planning for oxygen and special equipment.
- [AHA — Living With Your Pacemaker / ICD \(Airport Security\)](#) [Patient-Education]
Device-specific airport security guidance: tell the screener, carry the device ID card, request a pat-down or hand-wand, and do not let a hand-wand linger over the device.
- [CDC Yellow Book 2024 — Air Travel](#) [Guideline]
Authoritative source for cabin pressure equivalent to 6,000-8,000 ft, the no-fly window of <3 weeks after an uncomplicated heart attack and <10 days after chest/abdominal surgery, and in-flight supplemental oxygen rules (FAA-approved POCs).
- [CDC Yellow Book 2024 — High Elevation Travel & Altitude Illness](#) [Guideline]
Altitude (mountain) cautions for cardiovascular patients: lower oxygen with elevation, gradual ascent, and increased adverse-event risk with established heart disease.
- [CDC Yellow Book 2024 — Travelers With Chronic Illnesses](#) [Guideline]
Pre-travel preparation for cardiac patients: medication supply, carrying records, time-zone dosing of anticoagulants and insulin, and arranging destination care.
- [ACCP — Antithrombotic Therapy: Travel-Related VTE Prevention](#) [Guideline]
Evidence base for long-haul-flight clot prevention: frequent ambulation, calf exercises, hydration, and below-knee graduated compression stockings (15-30 mmHg at the ankle) for higher-risk travelers; no routine drug prophylaxis for average-risk flyers.
- [Cleveland Clinic — Deep Vein Thrombosis \(DVT\)](#) [Patient-Education]
Plain-language long-travel VTE risk, in-seat calf exercises, hydration, compression-stocking guidance, and DVT/PE warning signs to recognize during and after a trip.
- [Mayo Clinic — Air Travel and Heart Disease](#) [Patient-Education]
When flying is safe after a cardiac event, cabin-oxygen considerations for stable vs unstable patients, and security screening with implanted devices.
- [TSA — Travelers With Disabilities and Medical Conditions](#) [Patient-Education]
Official screening procedures: notifying the officer, requesting alternative screening, and carrying medications and medical devices through security.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed AHA, Mayo Clinic, and Cleveland Clinic travel pages, the CDC Yellow Book 2024 (air travel, altitude, chronic illness), and ACCP travel-VTE prevention guidance. This guide adds: an inline carry-on packing checklist; a side-by-side long-flight clot-prevention and airport-device panel; a travel-situation risk-and-precaution table; per-topic deep-dives on getting cleared, flying, and altitude/heat/medicine timing; and direct cross-links to our DVT, PE, PAD, device, and anticoagulation guides.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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