11:35 – 11:45 am

My Policy on DVT Prophylaxis

Panelists:

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Key References:


ACCP Guidelines

3.7 Isolated Lower-Extremity Injuries Distal to the Knee
3.7.1. For patients with isolated lower-extremity injuries distal to the knee, we suggest that clinicians not routinely use thromboprophylaxis (Grade 2A).

3.3 Knee Arthroscopy

3.3.1. For patients undergoing knee arthroscopy who do not have additional thromboembolic risk factors, we suggest that clinicians not routinely use thromboprophylaxis other than early mobilization (Grade 2B).

3.3.2. For patients undergoing arthroscopic knee surgery who have additional thromboembolic risk factors or following a complicated procedure, we recommend thromboprophylaxis with LMWH (Grade 1B).

3.5 Other Thromboprophylaxis Issues in Major Orthopedic Surgery

Commencement of Thromboprophylaxis

3.5.1.1. For patients receiving LMWH as thromboprophylaxis in major orthopedic surgery, we recommend starting either preoperatively or postoperatively (Grade 1A).

3.5.1.2. For patients receiving fondaparinux as thromboprophylaxis in major orthopedic surgery, we recommend starting either 6 to 8 h after surgery or the next day (Grade 1A).

Screening for Deep Vein Thrombosis Before Hospital Discharge
3.5.2. For asymptomatic patients following major orthopedic surgery, we recommend against the routine use of DUS screening before hospital discharge (Grade 1A).

**Duration of Thromboprophylaxis**

3.5.3.1. For patients undergoing THR, TKR, or HFS, we recommend thromboprophylaxis with one of the recommended options for at least 10 days (Grade 1A).

3.5.3.2. For patients undergoing THR, we recommend that thromboprophylaxis be extended beyond 10 days and up to 35 days after surgery (Grade 1A). The recommended options for extended thromboprophylaxis in THR include LMWH (Grade 1A), a VKA (Grade 1B), or fondaparinux (Grade 1C).

3.5.3.3. For patients undergoing TKR, we suggest that thromboprophylaxis be extended beyond 10 days and up to 35 days after surgery (Grade 2B). The recommended options for extended thromboprophylaxis in TKR include LMWH (Grade 1C), a VKA (Grade 1C), or fondaparinux (Grade 1C).

3.5.3.4. For patients undergoing HFS, we recommend that thromboprophylaxis be extended beyond 10 days and up to 35 days after surgery (Grade 1A). The recommended options for extended thromboprophylaxis in HFS include fondaparinux (Grade 1A), LMWH (Grade 1C), or a VKA (Grade 1C).

**American Academy of Orthopaedic Surgeons Guidelines**

**Recommendation 3.3 Chemoprophylaxis of patients undergoing hip or knee replacement**

Recommendation 3.3.1 Patients at standard risk of both PE and major bleeding should be considered for one of the chemoprophylactic agents evaluated in this guideline, including-in alphabetical order: Aspirin, LMWH, synthetic pentasaccharides, and warfarin. (Level III, Grade B (choice of prophylactic agent), Grade C (dosage and timing))
Note: The grade of recommendation was reduced from B to C for dosage and timing because of the lack of consistent evidence in the literature defining a clearly superior regime.

Recommendation 3.3.2 Patients at elevated (above standard) risk of PE and at standard risk of major bleeding should be considered for one of the chemoprophylactic agents evaluated in this guideline, including-in alphabetical order: LMWH, synthetic pentasaccharides, and warfarin. (Level III, Grade B (choice of prophylactic agent), Grade C (dosage and timing)).

Recommendation 3.3.3 Patients at standard risk of PE and at elevated (above standard) risk of major bleeding should be considered for one of the chemoprophylactic agents evaluated in this guideline, including-in alphabetical order: Aspirin, Warfarin, or none. (Level III, Grade C)

Recommendation 3.3.4 Patients at elevated (above standard) risk of both PE and major bleeding should be considered for one of the chemoprophylactic agents evaluated in this guideline, including-in alphabetical order: Aspirin, Warfarin, or none. (Level III, Grade C)