Outpatient Thromboprophylaxis Following Ankle Injuries

Menakaya C, Malhotra R, Boddice T, Shah M, Ingoe H, Muthukumar N, Mohsen A

AOFAS 2012
Outpatient Thromboprophylaxis Following Ankle Injuries

MISS C MENAKAYA

My disclosure is in the Final AOFAS Program Book

No potential conflicts with this presentation
Introduction

• The National Institute for Health and Clinical Excellence (NICE) guidelines (CG92) recommends use of venous thromboprophylaxis (VTE) in patients with reduced mobility

• In Hull and East Yorkshire Hospital NHS Trust, outpatient thromboprophylaxis was commenced in patients who require ankle or lower limb immobilisation following death of a patient from pulmonary embolism after ankle immobilisation
Aim

• This study aimed to evaluate the efficacy of outpatient VTE prophylaxis using either dalteparin or dabigatran in patient’s with immobilised ankles following injuries

• Report any adverse events following chemical thromboprophylaxis in these patients
Methods

• Patients were given a choice, based on informed consent, between subcutaneous injections or oral (off-license) VTE prophylaxis (dalteparin or dabigatran respectively).

• Clinical data was extracted retrospectively from prospective databases (VTE database and electronic patient records).

• Data was analysed using Microsoft excel
Results

• In a 7-month period, 150 consecutive patients immobilised following ankle injuries (104 fractures & 46 soft tissue injuries).

• Mean duration of immobilisation was 37.17 and 35.84 days respectively (fractures vs soft tissue).

• Mean duration for VTE prophylaxis was 37.06 and 35.33 days for dalteparin and dabigatran respectively.
• A significant proportion of patients preferred injections (62) to the off-licence oral drug (88) after informed consent was obtained.

• No patient developed clinical symptoms of DVT in both treatment groups to warrant investigating.

• One pulmonary embolism episode reported in dabigatran group (none in dalteparin group).
• No life threatening chemical thromboprophylaxis complications was recorded

• In the dabigatran group one patient developed haemoptysis

• In the dalteparin group one patient had a gastrointestinal bleed.
Conclusion

• Although there were two prophylaxis related complications, prophylaxis lead to a significant VTE reduction (0% DVT; 0.6% PE) (National DVT rates of 4.5% to 16.5% on ultrasound confirmed DVTs in an outpatients setting following immobilization & pulmonary embolism (PE) rate of 4.3%)

• VTE prophylaxis in ankle injury is a worthwhile approach.
THANK YOU