**Thromboprophylaxis in Surgery of the Foot and Ankle**

**General Guidelines**

- **American Academy of Orthopaedic Surgeons**
  - No specific recommendations for patients under going surgery of the foot and ankle
  - Patients undergoing total hip or knee arthroplasty*
    - Standard risk of both PE and major bleeding: consider one of the following (in alphabetical order)
      - Aspirin
      - LMWH
      - Synthetic pentasaccharides [e.g. fondaparinux (Arixtra)]
      - Warfarin
    - Elevated risk of PE and standard risk of major bleed
      - Low Molecular Weight Heparin (LMWH)
      - Fondaparinux (Arixtra)
      - Warfarin (INR ≥ 2.0)
    - Standard risk of PE and elevated risk of major bleed
      - Aspirin
      - Warfarin (INRs ≤ 2.0)
      - None
    - Elevated risk of PE and major bleed
      - Aspirin
      - Warfarin (INR ≤ 2.0)
  - *Refer to AAOS website for dosing and timing recommendations: [http://www.aaos.org/research/guidelines/PE_guideline.pdf](http://www.aaos.org/research/guidelines/PE_guideline.pdf)

- **American College of Chest Physicians**
  - Routine use of thromboprophylaxis is **not** recommended in patients with isolated lower-extremity injuries distal to the knee
  - Do not recommend screening in asymptomatic patients

- **Summary of peer-reviewed literature involving foot and ankle surgery (no level 1)**
  - Routine use of thromboprophylaxis is **not** recommended
  - Patients with elevated risk of venous thromboembolism (VTE)
    - Risk of VTE must be weighed against the risk and benefits of anticoagulation therapy
My Policy

Pre-operative

- Thorough history and physical
  - Evaluate for elevated risk of thromboembolism and/or bleeding
  - Currently no evidence-based risk-stratification for orthopaedic patients
- Discuss with the patient their risks of a VTE and excessive bleeding with and without prophylaxis
- If prophylaxis is to be given, discuss different options
- Patients on long-term anticoagulation
  - Discuss appropriate regimen with PCP

Intra-operative

- Use regional anesthesia when possible
  - E.g. ankle block, popliteal block etc
- Use contralateral foot pump for cases expected to last > 1 hour

Post-operative

- Standard risk of both VTE and major bleeding (0-1 risk factors*)
  - Patients with no immobilization and full weight-bearing
    - None
  - Patients immobilized with or without full weight-bearing
    - ECASA 325 mg PO q day for 10 days
    - Travel within 10 days of surgery
      - Do not recommend but if patient insists: Arixtra 2.5mg SQ on the day of flight only
- Patients with risk of VTE (≥ 2 risk factors)
  - ECASA 325mg BID for 10 days or
  - Arixtra (fondaparinux) 2.5mg SQ for 10 days
- Patients on long-term anticoagulation
  - Begin pre-operative regimen post-operative day one
    - Bridging therapy as indicated
- Do not routinely screen for VTE. Obtain venous duplex ultrasound as clinically indicated


