Thromboprophylaxis Guidelines

This document is a guideline. Like all guidelines it should be used in conjunction with a clinical assessment, to help reach an informed decision regarding appropriate Thromboprophylaxis for individual patients.

Pregnant women scheduled for incidental surgery while pregnant, should be assessed using the guidance within the **Special Attention** Section and their care must be shared with an Obstetric team.

Children (aged 16 or less) are not covered by these guidelines.

Cautionary Note:

Anti-embolic/compression stockings, who's use is widespread should be avoided in patients with; severe peripheral vascular disease, massive leg oedema or pulmonary oedema secondary to congestive cardiac failure, extreme deformity of the leg or local skin/soft tissue diseases, e.g. recent skin graft, or dermatitits etc.

Low Molecular Weight Heparin:

At present the LMWH used for thrombophylaxis is **Enoxaparin**

Contra-indications:

Major bleeding disorders, or active clinically significant bleeding, Acute bacterial endocarditis, severe hypertension, heparin induced thrombocytopenia, active gastric/duodenal ulcer, stroke (unless due to systemic emboli)

Cautions:

Renal impairment (always seek advice of anticoagulation team) hepatic insufficiency or increased bleeding potential.

Full Blood Count:

Prior to commencement of therapy (e.g. pre-assessment clinic or on admission). 7 days following commencement of therapy.

Timing and duration of thrombophylaxis:

Medical patient should commence therapy as soon after admission as is clinically practical.

Surgical patients wherever possible **Enoxaparin** should be started at 18:00 the evening prior to surgery. This will achieve effective thrombophylaxis combined with minimal additional risk of bleeding complications at the time of regional anaesthesia (e.g. epidural or spinal) and surgery. Enoxaparin should be continued daily at the same time until discharge from hospital or until the risk of thrombophylaxis is considered to be minimal.

For patients admitted on the day of surgery, for emergency cases, and other situations refer to notes below

NB Consultants may consider a delay in commencement of Thromboprophylaxis therapy relevant due to their specialist areas but this must be documented in the medical notes.

Cautionary Note:

Patients who are scheduled to receive central neural blockade (e.g. spinal/epidural) or regional blocks must have their Enoxaparin 12 hours before the block is sited and 12 hours prior to epidural catheter removal.

Post Discharge:

Enoxaparin has been used successfully and safely for up to 5 weeks post surgery. For some patient groups it may be appropriate to continue **Enoxaparin** for a period of time after discharge. Currently 28 days for orthopaedics as per NICE Guidance CG46

PATIENT SELECTION

All patients admitted via Emergency Care and for surgery (inpatients, emergencies and day cases) should be assessed with respect to their risk of the development of thrombosis and have this recorded in their case notes and nursing process.

In order to assess and reduce the risks of peri-opertaive thrombosis, follow the method outlined in the VTE Risk Assessment tool.

OTHER SITUATIONS

Emergency patients:

Patients who are eligible for LMWH prophylaxis should commence therapy as soon as is practicable.

Patients expected to go to theatre that day should have their first dose of **Enoxaparin** where there is clinical concern over this involving peri-operative bleeding then no sooner than **2 hours post-operatively** when excessive bleeding has been excluded.

However there may be occasions when the consultant may wish the patient to receive thrombophylaxis approximately 2 hours prior to surgery

Patients admitted who are eligible for LMWH prophylaxis **But not** expected to undergo surgery until the following day should receive their recommended dose from 18:00 the evening of admission.

SPECIAL ATTENTION

Day Case Surgery:

At present it is not recommended that these patients receive LMWH thrombophylaxis as it is expected that they will mobilise within a few hours post operatively. However it is possible that a patient at risk of thromboembolism may be admitted as a day case.

The suitability of such patients for one dose LMWH should be discussed with the consultant in charge. If such a patient is expected to have limited mobility at home, it may be possible under exceptional circumstances to arrange LMWH at home.

Such cases need discussion on an individualised basis and in advance of surgery with the consultant in charge.

Pregnant or Breast Feeding:

Any pregnant or breast feeding women can safely receive Enoxaparin; however advice can be sought from your ward / diviosnally based pharmacist or the pharmacy department for further clarification and or advice.

Renal Failure:

Patients with significant renal impairment or failure will accumulate LMWH and may need only occasional dosing. Such patients should be discussed with consultant in charge and the Haematologist.