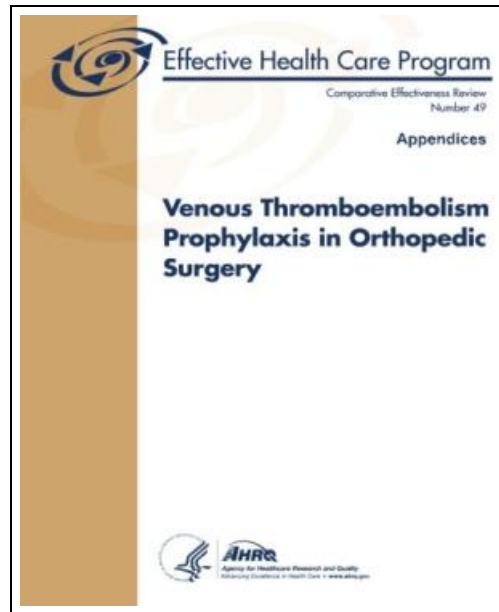


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(Prof. Patsy Blanda)

VENOUS THROMBOEMBOLISM PROPHYLAXIS IN ORTHOPEDIC SURGERY (APPENDICES): COMPARATIVE EFFECTIVENESS REVIEW NUMBER 49



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Createspace, United States, 2013. Paperback. Book Condition: New. 235 x 190 mm. Language: English . Brand New Book ***** Print on Demand *****. Venous Thromboembolism Prophylaxis in Orthopedic Surgery: Appendices (see also Venous Thromboembolism Prophylaxis in Orthopedic Surgery: Main Report) - Major orthopedic surgery (total hip replacement, total knee replacement or hip fracture surgery) carries a high risk of venous thromboembolism. Pulmonary embolism following orthopedic surgery is reported to be rare. However, without prophylaxis, historical data suggest that hospital acquired deep venous thrombosis has been estimated to occur in 40 to 60 percent of cases in the 7 to 14 days following surgery compared with 10 to 40 percent among medical or general surgical patients. While asymptomatic deep vein thrombosis is identified more frequently than symptomatic deep vein thrombosis in clinical trials due to routine screening, there is disagreement as to the clinical relevance of asymptomatic cases. While certain patient characteristics (i.e. age, immobility, comorbidities) have been suggested to increase the risk of venous thromboembolism regardless of the clinical setting, major orthopedic surgery contributes additional factors such as use of general anesthesia which may prolong immobility and surgical involvement of the femoral vein. A variety of strategies to prevent venous thromboembolism are available and with routine use, the rate of symptomatic venous thromboembolism in patients within 3 months of surgery is 1.3 to 10 percent. The main limitation of pharmacologic venous thromboembolism prophylaxis is the risk of bleeding. Based on historical data major bleeding following total hip replacement and total knee replacement is estimated to be 1 to 3 percent. Determining the incidence of major bleeding with pharmacologic thromboprophylaxis is complicated by the variability in the definitions used in published literature and paucity of data in control patients. Following removal of an infected prosthesis and extended intravenous antibiotic treatment...



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