

Venous Thromboembolism (VTE) Prophylaxis - Postoperative Protocol

Patients who have had the following procedures require postoperative VTE prophylaxis:

- **Total Knee Replacement/Unicompartmental Knee Replacement:** patients require Fragmin 2500units daily for a total of 14 days postoperatively. The time frame maybe extended, if the patient remains immobile. The Fragmin is to be commenced on day 1 postoperatively unless our risk assessment suggests that we should start day 0 (this will be stated on the operation report and confirmed at postoperative review on the ward) or delayed because of excessive bleeding when the decision will be review on the morning ward round. All patients will need a Full Blood Count day 1 and again days 4 (and 7 if still in hospital) to look for thrombocytopenia.
- **Revision Total Knee Replacement:** patients require the Fragmin to be given for a total of 4 weeks postoperatively. The Fragmin is to be commenced on day 1 postoperatively unless our risk assessment suggests that we should start day 0 (this will be stated on the operation report and confirmed at postoperative review on the ward) or delayed because of excessive bleeding when the decision will be review on the morning ward round. All patients will need a Full Blood Count day 1 and again days 4 (and 7 if still in hospital) to look for thrombocytopenia.
- **Total Hip Replacement/Birmingham Hip Resurfacing:** patients are to be prescribed Fragmin 2500 units daily for a total of 4 weeks postoperatively. The Fragmin is to be commenced on day 1 postoperatively. The Fragmin is to be commenced on day 1 postoperatively unless our risk assessment suggests that we should start day 0 (this will be stated on the operation report and confirmed at postoperative review on the ward) or delayed because of excessive bleeding when the decision will be review on the morning ward round. All patients will need a Full Blood Count day 1 and again days 4 (and 7 if still in hospital) to look for thrombocytopenia.
- **Hamstring Repair:** If a patient has their leg immobilised in a hinge knee brace and is NWB, they require Fragmin 2500 units daily for 4 weeks postoperatively. This will then be reviewed in the Outpatients appointment with Professor Haddad. The patient may be required to continue the Fragmin longer.

- **Hip Arthroscopy:** if the female patient is on the oral contraceptive pill, they require Fragmin for 2 weeks postoperatively.

*Any patient with a previous history of a VTE or has a Haematological condition, will have a pre/postoperative regime from a Consultant Haematologist.

*Patients who are warfarinised will require a specific pre-operative regime and will be commenced back on their warfarin prior to discharge. Patients may require regular monitoring of their INR post discharge by their GP.

*Patients will have calf pumps (flo-trons) insitu, immediately postop

*It is advisable that the patient wears the TED stocking for 6 weeks postoperatively. This can be negotiated with Mr Haddad on the postoperative review, which is usually at 4 weeks.

*Clexane 20mg daily may be prescribed as an alternative to Fragmin. The period of time prescribed remains the same for each procedure.

THR, TKR, UKR and revision patients will be given the choice on discharge of using an oral anticoagulant such as dabigatran or rivaroxiban for 4 weeks after leaving hospital. These agents will not be routinely prescribed for the immediate period after surgery.

Should you have any further queries, please contact Consultant Anaesthetist Dr Craig Goldsack or Dr Anil Patel.