

VENTURA COUNTY MEDICAL CENTER
Clinical Practice Guideline for
VTE Prophylaxis in Orthopedic Patients

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

Orthopedic patients are at high risk for developing venous thromboembolism (VTE). There is currently no consensus in the orthopedic literature regarding the most effective method of prophylaxis for VTE. This guideline is based on the most recent recommendations from the American Association of Orthopedic Surgeons and the American College of Chest Physicians combined with current practices at VCMC.

Total Knee Arthroplasty:

Enoxaparin (Lovenox) 40mg SC daily or Fondaparinux (Arixtra) 2.5mg daily start 12-24 hrs post op and continue for 2-4 weeks

Total Hip Arthroplasty:

Enoxaparin (Lovenox) 40mg SC daily or Fondaparinux (Arixtra) 2.5mg daily start 12-24 hrs post op and continue for 2-4 weeks

Hip Fracture:

Enoxaparin (Lovenox) 40mg SC daily or Fondaparinux (Arixtra) 2.5mg daily start 12-24 hrs post op and continue for 2-4 weeks

Lower Extremity Fractures Proximal to the Knee:

Prophylaxis only in patients with risk factors*

Enoxaparin (Lovenox) 40mg SC daily or Fondaparinux (Arixtra) 2.5mg daily start 12-24 hrs post op and continue for 2 weeks

Lower Extremity Fractures Distal to the Knee:

No prophylaxis

Knee Arthroscopy, Upper Extremity Surgeries or Fractures: No prophylaxis

***Risk Factors for VTE:**

- major trauma patients
- age > 40
- spinal cord injury
- history of VTE
- acute medical illness
- malignancy
- tobacco use
- oral birth control/hormones
- central venous catheters
- pregnancy
- immobility
- thrombophilic blood disorders

Prepared by **Emily Benson, M.D.**

Review/approval:

Surgery Committee: 4/2013

Executive Committee 5/2013

General Guidelines:

All orthopedic patients should use mechanical compressive devices for at least 18 hrs per day and should have aggressive early mobilization.

IVC filters are not recommended in orthopedic patients to prevent VTE.

Routine post-op duplex ultrasound screening is not recommended in orthopedic patients.

Refer to CPG for Anticoagulant Management Around Epidural/Intrathecal/Lumbar puncture for timing of administration of anticoagulant in this patient population.

Caution should be used when administering Lovenox and Arixtra in patients with renal Failure, excessive low or high BMI, thrombocytopenia, advanced age, etc. Refer to contraindications/ cautions for each medication.

Antiplatelet medications should be discontinued prior to major elective orthopedic surgery.

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