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Dear Colleague

Recommendations of the expert working group on the prevention of venous thromboembolism (VTE) in hospitalised patients

I wrote to you in July 2005 about the key findings of the Health Committee report on the Prevention of Venous Thromboembolism in Hospitalised Patients and the Government's response. The Government agreed that more needed to be done to prevent the estimated 25,000 deaths a year from this condition.

I also took the opportunity in that earlier letter to draw to your attention to a selection of the key existing guidelines that aid the prevention of venous thromboembolism in hospitalised patients (see www.dh.gov.uk/vte for further information).

In order to help inform the development of a comprehensive strategy, that includes both treatment and prevention of venous thromboembolism, an independent expert group was established and asked to report to me by July 2006.

I have now received the report, and the group has produced a number of recommendations on the systems and processes needed to develop a systematic approach for the prevention of VTE.

In addition, the group has made recommendations on the use of thromboprophylaxis following their assessment of existing clinical guidance and evidence on the prevention VTE, and specifically the use of mechanical devices (foot-pumps), aspirin and other pharmacological preparations (heparin or other anti-Xa agent).

As the group's terms of reference make clear, its purpose is to recommend action for implementation pending publication of National Institute for Health and Clinical Excellence (NICE) VTE clinical guidelines. The group was also asked to limit its recommendations to implementation of existing VTE guidance and good practice. It is the role of NICE to develop and publish new guidance and NICE is expected to issue its guidance on the prevention of venous thromboembolism in patients undergoing orthopaedic surgery and other high risk surgical procedures in April 2007. Every attempt has been made to ensure complementarity between the group's report and the forthcoming NICE guideline on this sub-group of patients.

As the expert group's recommendations are based on existing guidance and evidence, and have the potential to prevent avoidable deaths from VTE, I am taking this opportunity to bring these to your attention immediately. The VTE expert group has recommended that:

- All medical patients should, as part of a mandatory risk assessment, be considered for thromboprophylaxis measures; in particular, patients likely to be in hospital for longer than four days and with reduced mobility, with either severe heart failure, respiratory failure (due

either to exacerbation of chronic lung disease or pneumonia), acute infection, inflammatory illness or cancer (with additional risk factors for VTE) should be considered for the following regime:

- heparins (both unfractionated and low-molecular-weight forms) are effective preventive treatments. Low-molecular-weight heparins are the preferred prophylactic method;
 - aspirin is not recommended for thromboprophylaxis in medical patients;
 - mechanical methods of prophylaxis have not to date been appropriately evaluated in acutely ill medical patients, and thus are not recommended at present.
- All high risk surgical/orthopaedic patients should be managed according to the available evidence. The NICE clinical guideline on the prevention of venous thromboembolism in patients undergoing orthopaedic surgery and other high risk procedures is scheduled to be published in April 2007.
- Intermediate risk surgical patients or those with concomitant medical conditions should, as part of a mandatory risk assessment, be considered for the following thromboprophylaxis measures:
- graduated compression stockings combined with heparins (both unfractionated or low-molecular-weight forms)
 - aspirin is not recommended for thromboprophylaxis in intermediate risk surgical patients.
- Low risk surgical patients do not require specific prophylaxis other than early mobilisation because of duration or nature of surgical procedure unless other factors are present which increase overall risk and thus place them in intermediate or high risk categories.
- aspirin is not recommended for thromboprophylaxis in low risk surgical patients.

An electronic copy of the report and separate annexes is available to view and download at www.dh.gov.uk/vte

Copies of *Report of the independent expert working group on the prevention of venous thromboembolism in hospitalised patients* (product code 278830) can be ordered from DH Publications, tel: 08701 555 455, email: dh@prolog.uk.com

Yours sincerely



**SIR LIAM DONALDSON
CHIEF MEDICAL OFFICER**