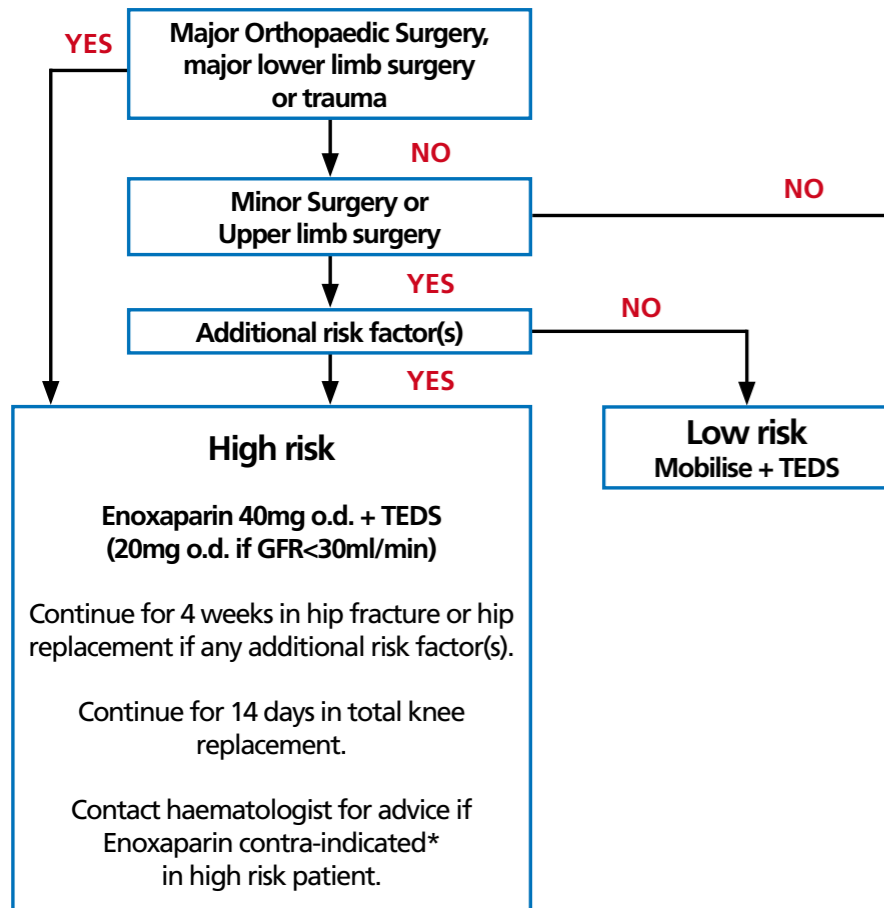


## GUIDELINES ON THROMBOPROPHYLAXIS FOR ORTHOPAEDIC SURGERY

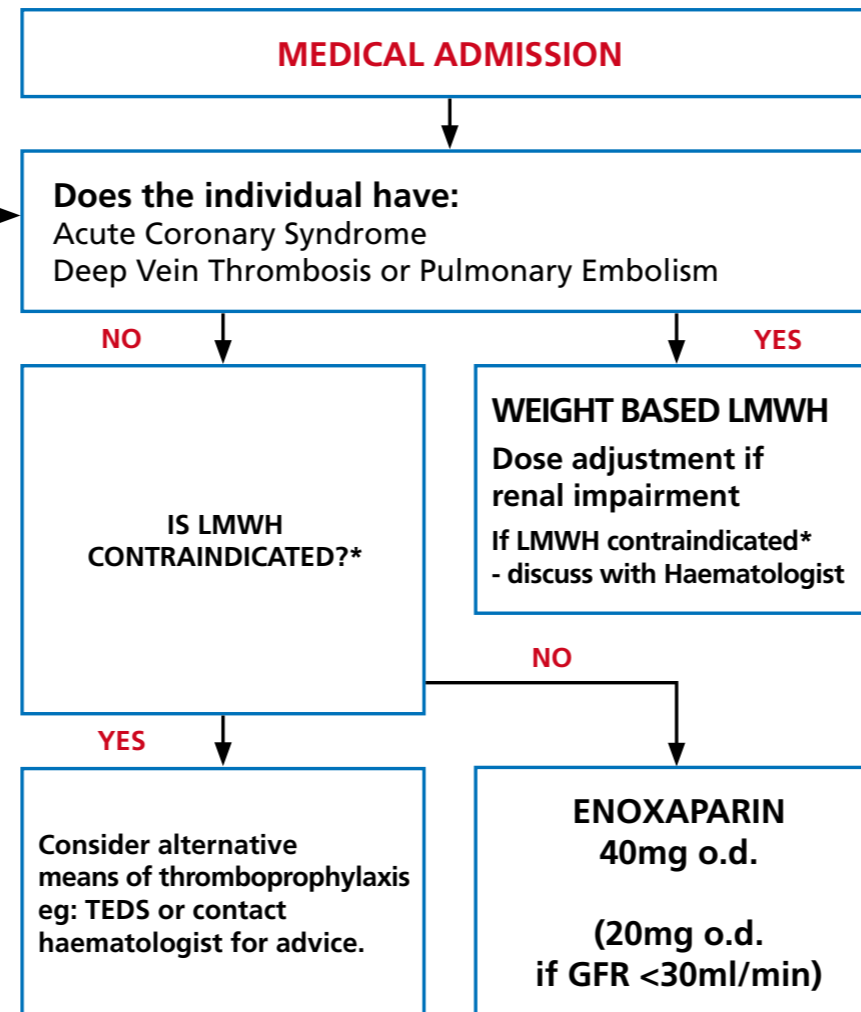
If possible, advise stopping oral or patch contraceptives or HRT 4 weeks prior to elective surgery.



### Risk Factors

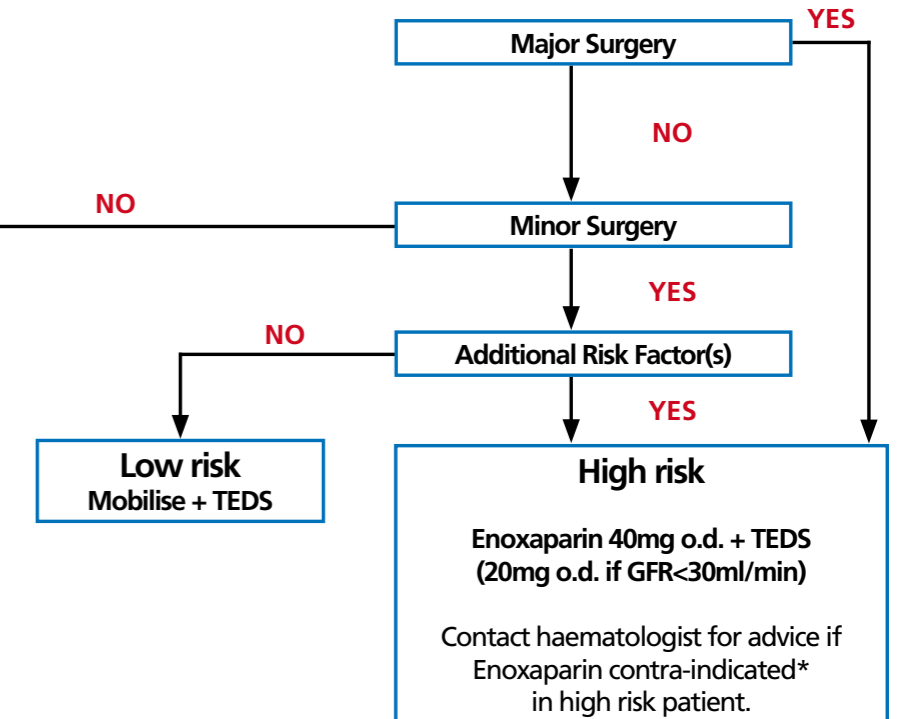
Age >40  
Immobility  
Obesity  
Prior Hx or FH of VTE  
Acute medical illness  
Cancer  
Heart or Respiratory Failure  
Serious Infection  
Recent MI or Stroke (non-haemorrhagic)  
Pregnancy / puerperium  
Central Venous Catheter  
Drugs e.g. HRT, Tamoxifen, Thalidomide, oral contraceptive  
Inflammatory Bowel Disorder  
Thrombophilia  
Paroxysmal nocturnal haemoglobinuria  
Active Collagen Vascular Disorder  
Varicose Veins  
Antiphospholipid syndrome  
Paraproteinaemia  
Hyperviscosity (Polycythaemia, etc)  
Nephrotic syndrome  
Behcet's disease  
>3hrs continuous travel within 4 weeks

## GUIDELINES ON THROMBOPROPHYLAXIS FOR MEDICAL PATIENTS



**THESE RECOMMENDATIONS MUST BE IMPLEMENTED TAKING INTO ACCOUNT THE PATIENT'S INDIVIDUAL CLINICAL SITUATION**

## GUIDELINES ON THROMBOPROPHYLAXIS FOR OTHER SURGERY



If possible, advise stopping oral or patch contraceptives or HRT 4 weeks prior to elective surgery.

- General Surgery
- Gynaecological (Excl. caesarean section.)
- Urological
- Neurosurgery (Incl. spinal surgery)
- Vascular

If uncertain whether surgery is major or minor discuss with the consultant in-charge of the case.

### \* Contraindications to LMWH:

Active or high risk of bleeding  
Hypersensitivity to Heparin/HIT  
Coagulopathy including Therapeutic Dose Anticoagulants  
Nerve block, epidural or lumbar puncture  
Recent intracranial surgery (1 month)  
Uncontrolled hypertension  
Acute bacterial endocarditis

### Contraindications to TEDS:

Peripheral arterial disease  
Diabetic neuropathy