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New Thromboprophylaxis Regime for Knee Arthroplasties

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Abstract : The nice guidance for elective total knee replacements states that patients should be given mechanical thrombo-prophylaxis, and if no contraindications chemical thromboprophylaxis in the form of Dabigatran etexilate, Rivaroxiban, UFH, LMWH, or Fondaparinux sodium (CG92, 1.5.14, January 2010). In Practice administering oral agents has been the dominant practice as it reduces the nursing needs, and shortens hospital stay and is generally received better by patients. However, there are well documented associated bleeding risks, and their effects are difficult to reverse in case of major bleeding. Our experience with oral factor 10 inhibitors used for thromboprophylaxis was marked with several patients developing complications necessitating return to the theatre for wound washouts. This has led us to try a different protocol for thromboprophylaxis that we applied on our patients undergoing total and unicondylar knee replacements. We applied mechanical thromboprophylaxis in the form of intermittent pneumatic pressure devices, and chemical thromboprophylaxis in the form of a dose of prophylactic LMWH pre-op, then 150 mg of Aspirin to start 24 hours after the surgery and to continue for 6 weeks, alongside GI cover with PPIs or antihistamines. We also administered local anaesthetics intra-operatively in line with the ERAS protocol thus encouraging early mobilization. We have identified a cohort of 133 patients who underwent one of the aforementioned procedures in the same trust, and by the same surgeon, where this protocol was applied and examined their medical notes retrospectively with a mean follow-up period of 14 months, to identify the rate and percentage of patients who had thrombo-embolic events in the post-operative period.

Keywords : aspirin, heparin, knee arthroplasty, thromboprophylaxis
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