

Venous Thromboembolism (VTE) Prophylaxis: Gynaecological Surgery Patients

5. Management table (Note: Early persistent mobilisation for all patients)

	Recommendation		Alternatives	Timing of Administration	Comments
<b>Major surgery</b> for malignant disease	Pre-op	Dalteparin (Fragmin®) 2,500units subcut	Consider IPC if pharmacological thromboprophylaxis is contraindicated or delayed.	<b>Note:</b> Prescribe on 1 <sup>st</sup> page of national inpatient Medicine chart: <b>Once only</b> section Evening prior to surgery. At least 12hrs prior to anaesthesia <sup>4</sup>	Consider extended prophylaxis to day 30 <sup>3</sup>
	Post-op	Dalteparin (Fragmin®) 5,000 units subcut daily		At least 6hrs post regional anaesthesia <sup>4</sup> . Patients with indwelling epidural catheters should have them removed 12 hrs after the last dose of LMWH. The subsequent dose of LMWH should be 2 hours after catheter removal <sup>4</sup> .	
<b>Surgery</b> (for benign disease) <u>with any risk factor:</u> <i>Risk factors (as noted in CPG)</i>	Post-op	Dalteparin (Fragmin®) 5,000 units subcut daily		At completion of operation. At least 6hrs post regional anaesthesia <sup>4</sup>	Duration until discharge
<b>Surgery or procedure &gt; 45mins (for benign disease)</b> (count time from start of anaesthetic) <b>and no other risk factors</b>	Post-op	Dalteparin (Fragmin®) 5,000 units subcut daily	IPC <sup>2</sup>	At completion of operation.	Duration until discharge
<b>Minor procedure (&lt; 45 min duration)</b> <u>with any risk factor</u> (i.e. any risk factors as noted in the CPG)	Post-op	Dalteparin (Fragmin®) 5,000 units subcut daily		At completion of operation.	
<b>Minor procedure (&lt; 45 min duration)</b> for benign disease - no additional risks	Early persistent mobilisation		GCS <sup>1</sup>		

- In general knee length graduated compression stockings (TEDS) should be reserved for the lowest risk group only, at the practitioner's discretion. There is little evidence that they add to pharmacological prophylaxis.
- Intermittent pneumatic calf compression (IPC) reduces DVT risk in comparison to no prophylaxis. IPC may be considered as an alternative in patients where anticoagulation is contraindicated for example in patients with coagulopathies, intra-operative haemorrhage or returns to theatre. Ideally IPC should begin at induction of anaesthesia and continue postoperatively unless contraindicated.
- There is some evidence recommending extended prophylaxis in patients with malignancy but this recommendation is not supported by large amounts of evidence.
- Guidelines for regional anaesthesia:
  - pre-operative doses at least 12 hours prior to anaesthesia.
  - post-operative doses at least 6 hours post regional anaesthesia.
  - patients with indwelling epidural catheters should have them removed 12 hrs after the last dose of LMWH. The subsequent dose of LMWH should be 2 hours after catheter removal.