Patient details:

(Affix addressograph)

GIG CYMRU NHS WALES | Bwrdd Iechyd Cwm Taf Health Board

1000 LIVES O FYWYDAU

If this protocol is not followed, the prescribing doctor will accept responsibility for any deviation from the thrombosis committees' recommendations and will be required to document the rationale and contraindications in the clinical notes

COMPLETE AND FILE IN PATIENT'S NOTES
PRESCRIBE PROPHYLAXIS ON DRUG CHART

THROMBOPROPHYLAXIS FOR ELECTIVE ORTHOPAEDIC ADMISSIONS

UNLESS CONTRAINDICATED:

(See Reverse)

All patients admitted with elective hip or knee surgery should receive combined thromboprophylaxis with:

- Mechanical methods from admission, until mobile **AND**
- Pharmacological thromboprophylaxis starting 6-12 hours after surgery
- Knee replacement surgery: continue for 14 days post-surgery
- Hip replacement surgery : continue for 35 days post surgery
- Other: continue until discharge

RE-ASSESS within **24 hours** & regularly there after ☐

DOES PATIENT HAVE CONTRAINDICATION TO PHARMACOLOGICAL THROMBOPROPHYLAXIS?

- Active bleeding or at risk of bleeding ☐
- Already having therapeutic anticoagulation (excluding anti platelet agents) ☐
- Uncontrolled systolic hypertension ≥180mmHg ☐
- Bacterial endocarditis, pericarditis or thoracic aneurysm ☐
- New-onset stroke or risk of central nervous system bleed e.g. head injury or previous SAH ☐
- Severe liver disease ☐
- Known bleeding disorder: discuss with Haematologist ☐
- Thrombocytopenia: platelet count < 100 x 10^{-9} /l - discuss with Haematologist ☐
- Admitted for terminal care or on end of life pathway ☐
- Previous heparin induced thrombocytopenia (Use Fondaparinux) ☐
- Known heparin allergy (Use Fondaparinux) ☐

Fondaparinux: In normal renal function 2.5 mgs once a day by subcutaneous injections 6 hours post surgery. Discuss with Haematologist

NO

YES

PHARMACOLOGICAL METHODS

Prescribe one of the following on the patients medicine chart according to local formulary and licensed indications:

- Enoxaparin (Clexane) 40mg od ☐
- Rivaroxaban (Xarelto) 10mg od ☐

Further advice can be obtained from the Haematologist. ☐

(Aspirin is not recommended for thromboprophylaxis.)

Pharmacological considerations (see reverse)

- Decrease enoxaparin dose to 20mg od if creatinine clearance <30ml/min or use UFH
- Rivaroxaban should not be used if creatinine clearance <15ml/min
- consider 60mg enoxaparin od in patients >110kg (unlicensed dose)
- consider 20mg enoxaparin od in patients <50kg (unlicensed dose)

Patients receiving LMWH or UFH need platelet count checking on day 6.

MECHANICAL METHODS¥

Choose one of the following

- ☐ Anti-embolism stockings
- ☐ Foot impulse devices
- ☐ Intermittent pneumatic compression devices

¥ Contraindications to mechanical methods

- Arterial insufficiency
- Cutaneous infections
- Peripheral neuropathy
- Recent skin graft
- Peripheral vascular disease
- Local skin Ulcers
- Acute Stroke
- Cardiac Failure
- Massive Leg Oedema
- Extreme Leg Deformity
- Unusual Leg size or shape
- Known allergy to material

For surgery under spinal/epidural anaesthesia (Contact Consultant Anaesthetist)

- Stop pharmacological thromboprophylaxis at least 12 hours prior to neuraxial blockade for LMWH
- Placement or removal of epidural catheter should be delayed for 12 hours after administration of 20mg or 40mg of enoxaparin sodium. Patients receiving higher doses of enoxparin sodium will require longer delays (24hours). The subsequent enoxparin sodium dose should be given no sooner than 4 hours after catheter removal.
- An epidural catheter is not to be removed earlier than 18 hours after the last administration of Rivaroxaban. The next Rivaroxaban dose is to be administered not earlier than 6 hours after the removal of the catheter.
- If traumatic puncture occurs the administration Rivaroxaban is to be delayed for 4 hours.

Clinician Name *Clinician Signature* *Date*