



## ESA2016: Guidelines on Prevention of Venous Thromboembolism On the Way



The first European recommendations on postoperative venous thromboembolism (VTE) are on their way, and are intended to be much more practical and clinical than the U.S. recommendations, said [Prof. Charles-Marc Samama](#), Chair of the [European Task Force on Prevention of Venous Thromboembolism in Anaesthesia and Intensive Care](#) and Chair of the ESA Scientific Committee. Samama was speaking at Euroanaesthesia 2016 in London on Saturday 28 May to preview the guidelines, which are endorsed by five European surgical societies, the European Society of Intensive Care Medicine, the International Society on Thrombosis and Hemostasis and the Network for the Advancement of Patient Blood Management, Haemostasis and Thrombosis.

The need for European guidelines was clear, said Samama. While the global postoperative VTE risk is steadily declining, the role of VTE prophylaxis is under question with fast track procedures and day surgery. Clear guidelines are needed to address the role of elastic compression stockings and special measures for obese patients and elderly patients, he said.

See Also: [Prevention of Venous Thromboembolism in Critical Care](#)

Samama noted that the committee's starting hypothesis was to update the search findings of the [2012 American College of Chest Physicians guidelines](#) for the clinical questions that are of similar character.

The clinical settings included in the guidelines are:

1. Surgery in the obese patients
2. Surgery in the pregnant patient and during the immediate post-partum period
3. Surgery in the elderly
4. Day surgery and fast track surgery
5. Intensive care
6. Cardiovascular and thoracic surgery
7. Neurosurgery
8. Trauma
9. Chronic treatments with antiplatelet agents
10. Coagulation disorders/ bleeding patient

The guidelines will address the controversies surrounding use of elastic compression stockings, aspirin and vena cava filters, added Samama. They do not systematically favour pharmacological prophylaxis and for the first time have recommendations for surgery in the obese patient, day surgery and fast-track procedures, for aspirin and graded compression stockings. Importantly, they will allow new research, into prophylaxis for fast-track surgery patients and use of aspirin, said Samama.

The working group found no comparative study on using aspirin for prevention, but concluded that it is an option for certain low risk patients.

The guidelines are expected to be published in the [European Journal of Anaesthesiology](#) and simultaneously in journals of the invited societies and as an app by early 2017.

*Claire Pillar*  
*Managing editor, ICU Management & Practice*

Published on : Thu, 2 Jun 2016