

Treatment to reduce blood clots otolaryngology in patients admitted for surgery examined

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The effectiveness of a treatment to reduce blood clots among otolaryngology patients admitted for surgery appears to differ based on patient risk and the procedure.

Blood clots (venous thromboembolism [VTE], which includes [deep vein thrombosis](#) [DVT] and pulmonary embolism [PE]) are common complications in [surgical patients](#). Treatment (primary thromboprophylaxis with anticoagulant medication [chemoprophylaxis]) can help reduce the incidence of VTE in surgical patients. But [treatment](#) should be considered in light of the risk of VTE and [bleeding complications](#). The American College of Chest Physician's guidelines for thromboprophylaxis do not specifically apply to otolaryngology. The authors sought to examine the effectiveness and safety of VTE chemoprophylaxis for otolaryngology patients admitted for surgery.

The study included 3,498 patients treated by surgeons at an academic medical center between September 2003 and June 2010. The authors analyzed the incidence of VTE and bleeding complications within 30 days after surgery.

Of the 1,482 patients who received VTE chemoprophylaxis, 18 (1.2 percent) developed a VTE compared with 27 of 2,016 patients (1.3 percent) who did not receive treatment. Patients with higher scores on a risk assessment were less likely to have a VTE with perioperative

chemoprophylaxis (5.3 percent vs. 10.4 percent). Of the patients who underwent treatment, 3.5 percent developed a bleeding complication compared with 1.2 percent of patients without treatment. Among patients who underwent free tissue transfer, treatment decreased the incidence of VTE (2.1 percent vs. 7.7 percent) and increased bleeding complications (11.9 percent vs. 4.5 percent). In all other patients, treatment did not significantly influence the likelihood of VTE (1 percent vs. 0.6 percent) or bleeding (1.5 percent vs. 0.9 percent).

"Results from this study provide the basis for future research. ... An examination of additional benefits and harms of VTE prophylaxis is warranted, including its impact on mortality due to PE. Free tissue transfer patients merit special analysis when developing recommendations for VTE prophylaxis because of the high risk of both VTE and bleeding. ... Finally, further tests of the incidence of VTE by risk level and of the effectiveness and safety of chemoprophylaxis should be conducted for other otolaryngology [patients](#), in populations large enough to produce sufficiently powered analyses." Vinita Bahl, D.M.D., M.P.P., of the University of Michigan Health System, Ann Arbor, and colleagues wrote in their article.

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