VTE risk up in most emergency general surgery patients

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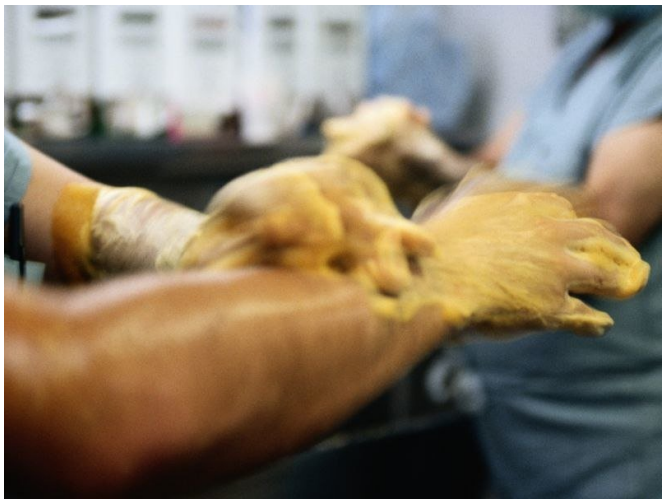

(HealthDay)—Almost all emergency general surgery (EGS) patients treated operatively and nonoperatively have increased risk of venous thromboembolism (VTE) and should receive prophylactic treatment, according to a review published online March 14 in *JAMA Surgery*.

Patrick B. Murphy, M.D., M.P.H., from Western University in London, Canada, and colleagues reviewed the literature to assess VTE prevention among EGS patients.

The researchers found that the risk of developing a VTE was moderate to high for nearly all operatively and nonoperatively treated EGS patients; individual risk should be evaluated at admission. Unless an absolute contraindication, such as bleeding, exists, pharmacologic prophylaxis in the form of unfractionated or low-molecular-weight heparin should be considered. Patients should receive the first dose at hospital admission, and administration should continue uninterrupted until discharge. Patients with malignant tumors and other populations may benefit from prolonged VTE prophylaxis after discharge. In all patients, mechanical prophylaxis should be considered, especially in the case of contraindication to pharmacologic prophylaxis. From a system and institutional perspective, efficacy and quality improvement initiatives should be undertaken.

"Operatively and nonoperatively treated EGS patients are at a comparatively high risk of VTE," the authors write. "Best practices include assessment of VTE risk, optimal prophylaxis, and physician, nurse, and patient education regarding the use of mechanical and pharmacologic VTE prophylaxis and institutional policies."

One author disclosed financial ties to the publishing industry; a second author disclosed ties to the pharmaceutical industry.

More information: Abstract/Full Text