

Panel finds 30-day course of VTE prophylaxis post-discharge improves outcomes

30 April 2021

A new set of guidelines, developed by AATS and ESTS (European Society for Thoracic Surgery) presented today at the AATS 101st Annual Meeting, recommends a 30-day course of Venous Thromboembolism (VTE) prophylaxis post-discharge for patients undergoing surgical resection for lung or esophagus cancer. The AATS and ESTS formed a multidisciplinary guideline panel that included broad membership to minimize potential bias when formulating recommendations. The McMaster University GRADE Centre supported the guideline development process, including updating or performing systematic reviews and meta-analyses. The results are endorsed by the American Society of Hematology (ASH) and the International Society on Thrombosis and Haemostasis, Inc (ISTH).

VTE is a potentially preventable postoperative complication for thoracic surgery patients, occurring in up to 14% of cases where patients underwent surgical resection for cancer. The panel made conditional recommendations for use of parenteral anticoagulation for VTE prevention, in combination with mechanical methods, over no prophylaxis for cancer patients undergoing anatomic lung resection or esophagectomy. Other key recommendations included conditional recommendations for using parenteral anticoagulants over direct oral anticoagulants (DOACs), with use of DOACs suggested only in the context of clinical trials and using extended prophylaxis for 28-35 days over in-hospital prophylaxis for patients at high risk of thrombosis, including those undergoing pneumonectomy and esophagectomy. Future research priorities include the role of preoperative thromboprophylaxis and the role of risk stratification to guide use of extended prophylaxis.

"The two largest thoracic surgery groups combined

forces using the highest levels of diligence to develop a potentially practice-changing guidelines that meet the unique profile of thoracic [surgery](#) patients," said Dr. Yaron Shargall, professor and [thoracic surgery](#) division head, McMaster University. "Until now, guidelines provided the same standard of care for both cardiac and thoracic patients. Now, we are able to provide revised guidance based on real-world evidence working specifically with thoracic patients."

The guideline panel undertook a survey of thoracic surgeons and found that 95 percent indicated a willingness to accept new evidence-based guidelines in their practices. According to Shargall and Dr. Virginia Litle, Chief of Thoracic Surgery at Boston Medical Center and Professor of Surgery, Boston University School of Medicine, "This indicated to us that the Cardio Thoracic community was awaiting new guidelines. Clearly, there is value in applying a systematic, evidence-based approach to add weight to the guidelines."

More information: "Joint 2021 European Society of Thoracic Surgeons (ESTS) and American Association for Thoracic Surgeons (AATS) Guidelines for the Prevention of Cancer-associated Venous Thromboembolism in Thoracic Surgery," Presented by Yaron Shargall, MD, April 30, 2021, at the AATS 101st Annual Meeting.

Provided by American Association for Thoracic Surgery

APA citation: Panel finds 30-day course of VTE prophylaxis post-discharge improves outcomes (2021, April 30) retrieved 12 October 2022 from <https://medicalxpress.com/news/2021-04-panel-day-vte-prophylaxis-post-discharge.html>

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