

DVT Prophylaxis – Orthopedic Surgery (DRAFT)

Surgery Type	Prophylactic options
Total Knee Replacement	Rivaroxaban 10mg PO daily, adjusted dose warfarin ¹ , enoxaparin 30mg SQ BID ^{3,4} , or IPC ^{2,6} for at least 10 days post surgery.
Total Hip Replacement	Rivaroxaban 10mg PO daily, adjusted dose warfarin ¹ , enoxaparin 30mg SQ BID or 40mg SQ once daily ^{3,4} , or IPC ^{2,6} for at least 10 days and up to 28-35 days post surgery.
Hip Fracture	Adjusted-dose warfarin ¹ or fondaparinux 2.5mg SQ daily ^{4,5} or enoxaparin 30mg SQ bid or 40mg SQ once daily for at least 10 and up to 28-35 days post surgery

¹ Target INR 2-2.5

²Intermittent pneumatic compression (IPC) device; sequential compression devices (SCD) are a type of IPC. Graduated compression stocking (GCS): must be individually measured and custom-made; Pre-sized are TEDS, not GCS, and is NOT effective prophylaxis.

³Prophylaxis with a LMW heparin may begin 12 hours prior to surgery but if not, sufficient lead time should be held until 12 hours after surgery.

⁴ Epidural or spinal hematomas may occur in patients who are anticoagulated with LMWH and are receiving neuraxial anesthesia or undergoing spinal puncture. Consider the risks when scheduling patients for spinal procedures.

⁵ Beginning 6-8 hours post operatively

⁶ Reassess risk of bleeding daily and initiate pharmacologic prophylaxis as soon as possible.

References:

Oral anticoagulant therapy: Antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians Evidence-based clinical practice guidelines. Chest. 2012;141(2_suppl):e44S-e88S. doi:10.1378/chest.11-2292

Parenteral anticoagulants: Antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians Evidence-based clinical practice guidelines. Chest. 2012;141(2_suppl):e24S-e43S. doi:10.1378/chest.11-2291

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Approved:

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