If using pharmacological VTE prophylaxis for patients - aim to start it as soon as possible. Ideally within 14 hours of admission where possible, unless contraindicated or otherwise stated in population-specific recommendations

Lower limb immobilisation (LLI):

(Non-removable lower limb immobilisation which eliminates active calf contraction and less than full weight-bearing)

If the risk of VTE outweighs the risk of bleeding:

- LMWH (weight-based dosing) until weight bearing or 42 days, whichever is sooner

Elective hip replacement (THR):

In standard risk patients LMWH for 10 days then aspirin 75mg for a further 28 days. Higher risk patients - use LMWH (weight based dosing) for 28 days.

Alternatively consider a DOAC

Foot & ankle surgery: Consider LMWH (weight-based dosing)

- If anaesthesia time ≥ 90 min OR,
- If VTE risk outweighs bleeding risk OR,
- If the patient is immobilised (eg: arthrodesis/ arthroplasty), continue LMWH until fully mobile or 42 days, whichever is sooner.

Fragility fracture of pelvis/ hip/ proximal femur:

If the risk of VTE outweighs the risk of bleeding:

Pre-operatively:

- If surgery is delayed beyond the day of admission, start LMWH (weight-based dosing)
- Give last dose of LMWH no less than 12 hours before surgery (24 hours for fondaparinux)

Post-operatively:

- Start LMWH 6-12 hours post surgery, if bleeding risk low.
- LMWH (weight-based dosing) for **1 month**.

If pharmacological VTE prophylaxis contraindicated consider intermittent pneumatic compression (IPC).

Continue until mobility restored to baseline.

Elective knee replacement (TKR): *See below for TKR risk assessment proforma*

In low risk patients with no additional VTE risk factors apart from TKR surgery: aspirin 75mg for 14 days combined with anti- embolic stockings (AES) until patient discharge.

Higher risk patients use LMWH for 14 days.

Consider IPC if pharmacological prophylaxis contraindicated

Alternatively consider using a DOAC

All non-arthroplasty knee surgery:

- If anaesthesia time ≥ 90 min OR;
- If VTE risk outweighs bleeding risk
- AND if bleeding risk low

Start **LMWH 6-12 hours post-surgery**. Prescribe LMWH (weight- based dosing) for **14 days**.

If patient low risk for VTE **AND** anaesthetic time < 90 minutes - use of LMWH up to surgeons discretion / may not be required.

Upper limb surgery:

- LMWH only if anaesthesia time ≥90 minutes OR,
- If the surgery makes it difficult for the patient to mobilise fully in the post-operative period.

Fondaparinux can be considered as an alternative to LMWH in certain circumstances – see Appendix 3