

## Appendix 8: Other Surgery

**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**

Major Trauma:	Abdominal surgery: Gastrointestinal, gynaecological, urological and bariatric surgery.	Head and Neck surgery: Oral and maxillofacial surgery and ENT surgery.
<ul style="list-style-type: none"> <li>Start intermittent pneumatic compression (IPC) or graduated compression stockings from admission according to local policies.</li> <li>Continue until mobility returned to normal baseline or anticipated mobility.</li> <li>Reassess risk of VTE and bleeding at least daily, and whenever the clinical condition changes.</li> </ul>		<p><b>If the risk of VTE outweighs the risk of bleeding:</b></p> <ul style="list-style-type: none"> <li>LMWH (prophylactic weight based dosing) for a minimum of <b>7 days</b></li> </ul>
<p><b>If the risk of VTE outweighs the risk of bleeding:</b></p> <ul style="list-style-type: none"> <li>Add LMWH (prophylactic weight based dosing) for a minimum of <b>7 days</b></li> </ul>	<p><b>If risk of VTE outweighs the risk of bleeding:</b></p> <ul style="list-style-type: none"> <li>Add LMWH (prophylactic weight based dosing) for a minimum of <b>7 days</b></li> </ul> <p><b>In major abdominal cancer surgery:</b></p> <ul style="list-style-type: none"> <li>Extend LMWH to <b>28 days</b> Post-operatively.</li> </ul> <p>In nephrectomy (if cancer-related)</p> <ul style="list-style-type: none"> <li>Extend LMWH to <b>28 days</b> postoperatively</li> </ul>	<p><b>If there is an increased risk of VTE and a high risk of bleeding:</b></p> <p>Choose either -</p> <ul style="list-style-type: none"> <li>anti-embolism stockings, OR</li> <li>intermittent pneumatic compression.</li> </ul> <p>Continue until mobility returned to normal baseline or anticipated mobility.</p>
<p><b>Cardiac &amp; Thoracic surgery:</b></p> <p><b>If at increased risk of VTE. Choose either:</b></p> <ul style="list-style-type: none"> <li>Anti-embolism stockings or</li> <li>intermittent pneumatic compression.</li> <li>Continue until mobility returned to normal baseline or anticipated mobility.</li> </ul> <p><b>If the risk of VTE outweighs the risk of bleeding:</b></p> <ul style="list-style-type: none"> <li>Add LMWH for a minimum of 7 days if <u>not having other anticoagulation therapy</u></li> </ul>		

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