



AB194. 104. Timing of low molecular heparin administration and effect on breast haematoma formation

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Background: NICE guidelines recommend prophylactic low molecular heparin (LMWH) administration in all patients undergoing elective surgery. Studies show that LMWH should be administered at least peri-operatively to have optimal prophylactic benefit (O'donnell and Weitz, 2003, Collins *et al.*, 1988). In breast surgery, conflicting evidence regarding optimum timing of administration of venous thromboembolism (VTE) prophylaxis exists, with some studies reporting an association between pre-operative administration and wound haematoma formation. Local guidelines recommend pre-operative LMWH administration. Aims: (I) compare current practices relating to LMWH administration to local guidelines and; (II) to determine whether timing of administration impacted rates

of post-operative haematoma formation

Methods: All patients who underwent breast surgery during a 1-year period in a University Hospital were identified. Timing of administration of LMWH was recorded for all patients and compared to local guidelines. The incidence of post-operative haematoma was recorded in all patients. Statistical analysis was performed to determine if timing of LMWH administration, or other demographic factors influenced rate of haematoma formation.

Results: A total of 300 patients underwent breast surgeries in the 1-year period. Preliminary data indicate that 20% patients received LMWH pre-operatively, 55% post-operatively and 25% received none. The 0.005% of patients to date developed post-operative haematomas.

Conclusions: These data indicate that adherence to local guidance of pre-operative LMWH is poor, as in the majority of cases LMWH was administered post-operatively.

Keywords: Low molecular weight heparin; administration; prophylaxis; surgery

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