

AB143. SOH21AS080.

Venous thromboembolic event rates and extended thromboprophylaxis post colorectal resections

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Background: Extended pharmacological thromboprophylaxis (given for 4-week post-operative) after abdominal/pelvic cancer surgery to prevent venous thromboembolic event (VTE) is increasingly being considered in select cases

Methods: The colorectal databases for both Trinity Institutions (St James Hospital and Tallaght University Hospital) were reviewed. The time period 2013–2019 was evaluated to discern how many patients had a suspected VTE [deep vein thrombosis (DVT)/pulmonary embolism (PE)] after standard thromboprophylaxis. In addition, patient characteristics for those having a VTE were examined.

Results: Over the 6-year study period, 1,083 patients underwent a colorectal resection, with a median age of 61 years. Fifty-five patients had an ultrasound doppler for investigation of DVT, with the overall incidence of confirmed DVT being 0.92% (n=10). In addition, eighty-two patients also underwent computed tomography imaging of pulmonary vasculature for a suspected PE. The overall incidence of PE was 1.1% (n=12). Of the 22 patients having a VTE, the median age was 64 years and 55.6% (n=14) were male. Sixty-eight percent (n=15) had a rectal resection,

with 72.7% (n=16) and 50% (n=10) having a smoking and cardiovascular history respectively. Finally 13% of patients having VTE had restricted functional mobility (n=3).

Conclusions: Overall, VTE can occur in 2% of patients undergoing colorectal surgery. Pre-operative assessment is vital to help identify patients at increased risk for VTE, and discussion regarding the selective use of prolonged thromboprophylaxis is warranted.

Keywords: Characteristics; colorectal; resection; thromboprophylaxis; venous thromboembolic event (VTE)

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-21-ab143

Cite this abstract as: Aylward CJ, Maguire B, Moore D, Kelly M, Creavin B, Whelan M, O’Riordan J, Larkin J, Neary P, McCormick P, Mehigan B, Kavanagh D. Venous thromboembolic event rates and extended thromboprophylaxis post colorectal resections. *Mesentery Peritoneum* 2021;5:AB143.