Appendix 6 - Venous Thromboembolism (VTE) Risk Assessment and Prophylaxis (Gynaecological Patients)

All gynaecological patients (day case/in-patient elective and emergency admissions) need assessment.

VTE assessment completed- prophylaxis indicated (if 1 or/and 2 are present) ☐
VTE Assessment completed. No prophylaxis required ☐
Local anaesthetic. No prophylaxis required (unless high risk) ☐
Clinical decision not to give prophylaxis (e.g. risk bleeding outweighs DVT or short procedure/procedure under LA - discuss with senior staff) ☐

Risk assessment - tick box if present

1. **Gynaecological patients,**
   - prophylaxis indicated if: ☐
   - Major surgery (e.g. abdo hyst, vag hyst, pelvic floor repair, laparotomy)
   - surgical time > 60 minutes
   - suspected cancer surgery
   - acute admission with inflammatory intra-abdominal/pelvic condition
   - expected to have significant reduction in mobility

2. **If any of the VTE risk factors below present, prophylaxis indicated;** ☐
   - active cancer or cancer treatment
   - age > 60 years
   - critical care admission
   - dehydration
   - obesity (BMI > 30 kg/m2)
   - one or more significant medical comorbidities (for example: heart disease; metabolic, endocrine or respiratory pathologies; acute infectious diseases; inflammatory conditions)
   - known thrombophilia's
   - personal history or first-degree relative with a history of VTE
   - use of HRT or oestrogen-containing contraceptive therapy (unless stopped 4/52)
   - varicose veins with phlebitis
   - women pregnant or have given birth within the previous 6 weeks).

3. **All Patients at risk of bleeding, who have any of the following:** ☐
   - active bleeding
   - acquired bleeding disorders (such as acute liver failure)
   - concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR > 2)
   - lumbar puncture/epidural/spinal anaesthesia within previous 4 hours or expected within next 12 hours
   - acute stroke
   - thrombocytopenia (platelets < 75 x 10^9/L)
   - uncontrolled systolic hypertension (≥ 230/120 mmHg)
   - untreated inherited bleeding disorders (such as haemophilia or von Willebrand's disease)

Prophylaxis to be given if indicated (Enoxaparin) 40mg daily (adjust dose dependent upon renal function and body weight)
(see divisional guidelines about TD stocking, mechanical compression, LMWH etc on intranet)

Assessment done by:

Name:_____ Signature:_____ Date: _/____/_____ Time:___:___

Information leaflet (Reducing the risk of a blood clot) given to patient or carer: ☐ Yes ☐ No
If nurse assessment at pre-assessment must be confirmed by doctor:

Name:_____ Signature:_____ Date: ____/____/_____Time:___:___

Further information

1. Pre-op elective patients:
   - Advise women to consider stopping oestrogen-containing contraceptives or HRT 4 weeks before surgery.
   - Consider stopping pre-existing antiplatelet therapy 1 week before surgery.
   - Consider involving the multidisciplinary team in the assessment.
2. Reassess risks of VTE and bleeding within 24 hours of admission and whenever clinical situation changes.
3. Do not allow patients to become dehydrated unless clinically indicated.
4. Encourage patients to mobilise as soon as possible.
5. Do not routinely offer pharmacological or mechanical VTE prophylaxis to patients having surgery with local anaesthesia by local infiltration with no limitation of mobility.

Patient-centred care:
- Treatment and care should take into account patients' individual needs and preferences.
- Good communication is essential, supported by evidence-based information, to allow patients to reach informed decisions about their care.
- If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care.

Choice of VTE prophylaxis:
Base the choice of mechanical VTE prophylaxis on clinical condition, surgical procedure and patient preference. Choose any one of:
1. anti-embolism stockings (thigh or knee length)
2. intermittent pneumatic compression devices (thigh or knee length)
3. choice of pharmacological VTE prophylaxis based on local policies, clinical condition (for example renal failure) and patient preference.

Patient Information and/or carers/families:
Before starting VTE prophylaxis, offer verbal and written information on:
- risks and possible consequences of VTE
- importance of VTE prophylaxis and its possible side effects
- correct use of VTE prophylaxis
- how to reduce risk of VTE (such as keeping well hydrated and, if possible, exercising and becoming more mobile).

Discharge plan; offer patients and/or their families or carers
- verbal and written information on the signs and symptoms of deep vein thrombosis and pulmonary embolism.
- the correct and recommended duration of use of VTE prophylaxis at home (if discharged with prophylaxis).
- the importance of using VTE prophylaxis correctly and continuing treatment for the recommended duration (if discharged with prophylaxis).
- the signs and symptoms of adverse events related to VTE prophylaxis (if discharged with prophylaxis), the importance of seeking help.
- the importance of seeking medical help and who to contact if deep vein thrombosis, pulmonary embolism or another adverse event is suspected.
- Consider continuing thromboprophylaxis for 4 weeks in patients with:
  - suspected cancer
  - BMI $\geq$ 40
  - Prolonged surgery (>2 hours)

Adapted from the Department of Health Risk Assessment for Venous Thromboembolism (VTE) 2010 / NICE clinical guideline 92. July 2010.