

Appendix 5 – Management of Superficial Venous Thrombosis

Superficial Venous Thrombosis
D-Dimer cannot be used to aid this diagnosis
Patients with lower limb Superficial VT should have USS to exclude DVT
If Superficial VT confirmed within 3cm of sapheno-femoral junction should receive therapeutic anticoagulation (manage as per proximal DVT, no further Ix required)
<p>Superficial VT with risk factors for extension, recurrence or progression should receive prophylactic Enoxaparin for 30 days (currently an unlicensed indication) or prophylactic? Fondaparinux for 30-45 days</p> <p>- Risk factors for extension: SVT within 10cm of sapheno-femoral junction, male, PMH of VTE, cancer, absence of varicose veins, severe venous insufficiency.</p>
Other patients should be offered NSAIDs if no contraindications for 8-12 days