





What it covers



Why it matters



Who it affects



What are the highlights

- Evidence-based research that supports decision-making to prevent venous thromboembolism (VTE) – also known as blood clots in the veins – in patients undergoing several different kinds of major surgical procedures requiring hospitalization.
- Before prevention measures were put into place, VTE was a common cause of death in surgery and even with such measures, blood clots can be fatal.
- Prevention of VTE is used as an important factor in assessing and measuring the quality of surgical care delivered by hospitals.
- The guidelines focus on the outcomes that are most relevant and important to patients.
- Hematologists: Along with other consultants who may be tapped to provide counsel about prevention of VTE following different types of surgery.
- Surgeons: Those seeking the latest information on recommended types of prevention and the timing of prevention methods.
- Hospital Systems: VTE prevention is a common quality benchmark for the authoritative bodies who accredit hospitals.
- Patients: Patients undergoing major surgical procedures requiring hospitalization
 after surgery to understand the risk of developing clots and the various types of
 prevention methods recommended for specific kinds of surgery.
- Not all surgery requires measures to prevent blood clots, and the guidelines make recommendations for circumstances when the risks associated with potential bleeding may outweigh the benefits.
- The risks of blood clots associated with surgery depend on multiple factors including
 patient characteristics and the type of surgery. The panel made recommendations
 based on these factors. This includes when to consider prevention, and which type
 might be the most suitable mechanical or pharmacologic.

Total number of panel recommendations: 30

REFERENCE

Anderson DR, Morgano GP, Bennett C, et al. American Society of Hematology 2019 guidelines for management of venous thromboembolism: prevention of venous thromboembolism in surgical hospitalized patients. Blood Adv. 2019; 3(23):3898-3944.

