ICM VTE Foot & Ankle

1 - Should patients undergoing surgical debridement of diabetic foot ulcers receive routine VTE prophylaxis?

Response/Recommendation: There is currently no evidence in the literature to determine if a diabetic patient under- going ulcer debridement requires venous thromboembolism (VTE) prophylaxis. There is, however, an increased risk for morbidity and mortality in diabetic foot ulcers (DFU) patients who develop VTE. Therefore, it is justified to propose that patients with DFU are given thromboprophylaxis, particularly if they have reduced mobility and other medical comorbidities. This may not be true for all cases of surgical debridement alone of DFU without additional interventions when prolonged limited weight-bearing is not required.

Strength of Recommendation: Limited.

Azlina A. Abbas, Steven M. Raikin

ICM VTE Foot & Ankle

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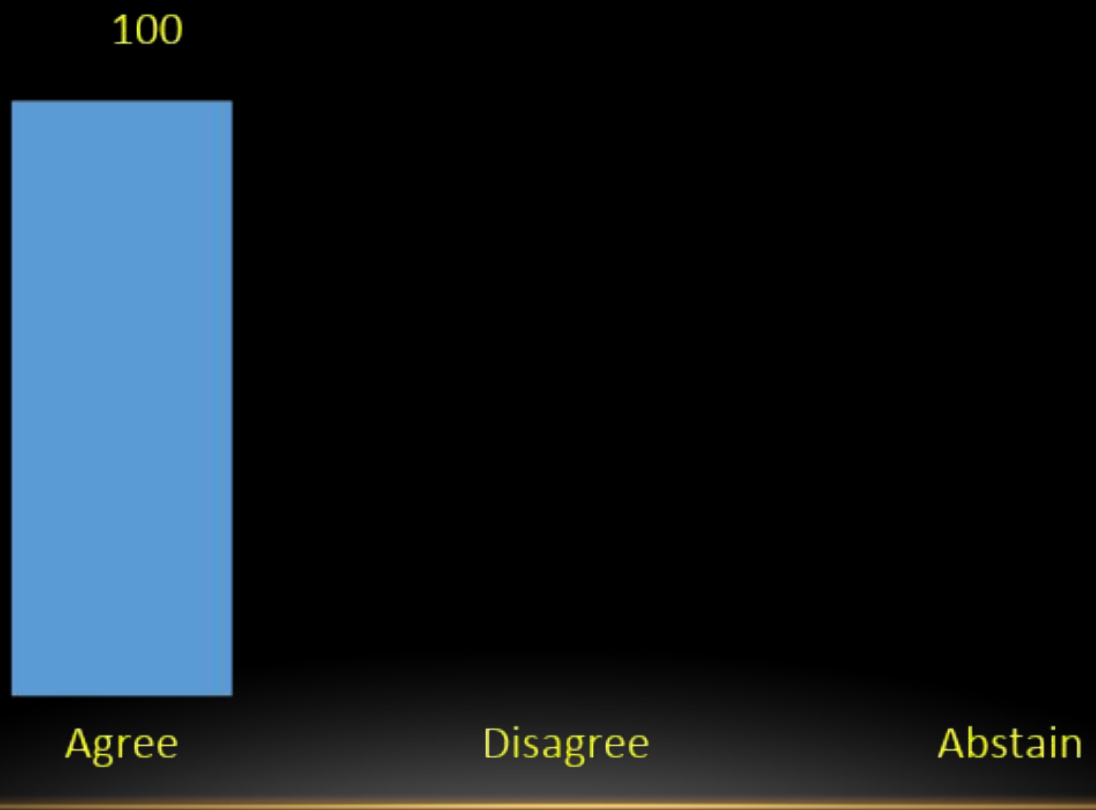


(Unanimous Strong Consensus)

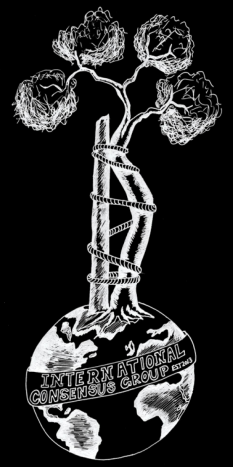
ICM VTE Foot & Ankle

2 - Is routine VTE prophylaxis needed for patients placed in walker boot immobilization?

Response/Recommendation: Patients in walker boot immobilization may be at increased risk of development of venous thromboembolism (VTE). Patients should be risk assessed, and VTE prophylaxis offered on an individual basis.

Strength of Recommendation: Limited.

William Fishley, Allison L. Boden, Rajesh Kakwani, Amiethab Aiyer



ICM VTE Foot & Ankle

2 - Is routine VTE prophylaxis needed for patients placed in walker boot immobilization?

(Strong Consensus)

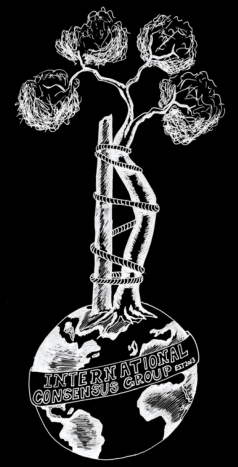
ICM VTE Foot & Ankle

3 - Does the weight-bearing status of the patient after foot and ankle surgery influence the selection of VTE prophylaxis?

Response/Recommendation: Non-weight-bearing restrictions of the lower extremity are an independent risk factor for venous thromboembolic (VTE) events. This risk is mitigated by load-bearing of the operative limb greater than 50%. No additional conclusions can be made regarding the selection of VTE prophylaxis as it relates to non-weight-bearing based on the available literature.

Strength of Recommendation: Limited.

Thomas I. Sherman, Paul W. Ackermann



ICM VTE Foot & Ankle

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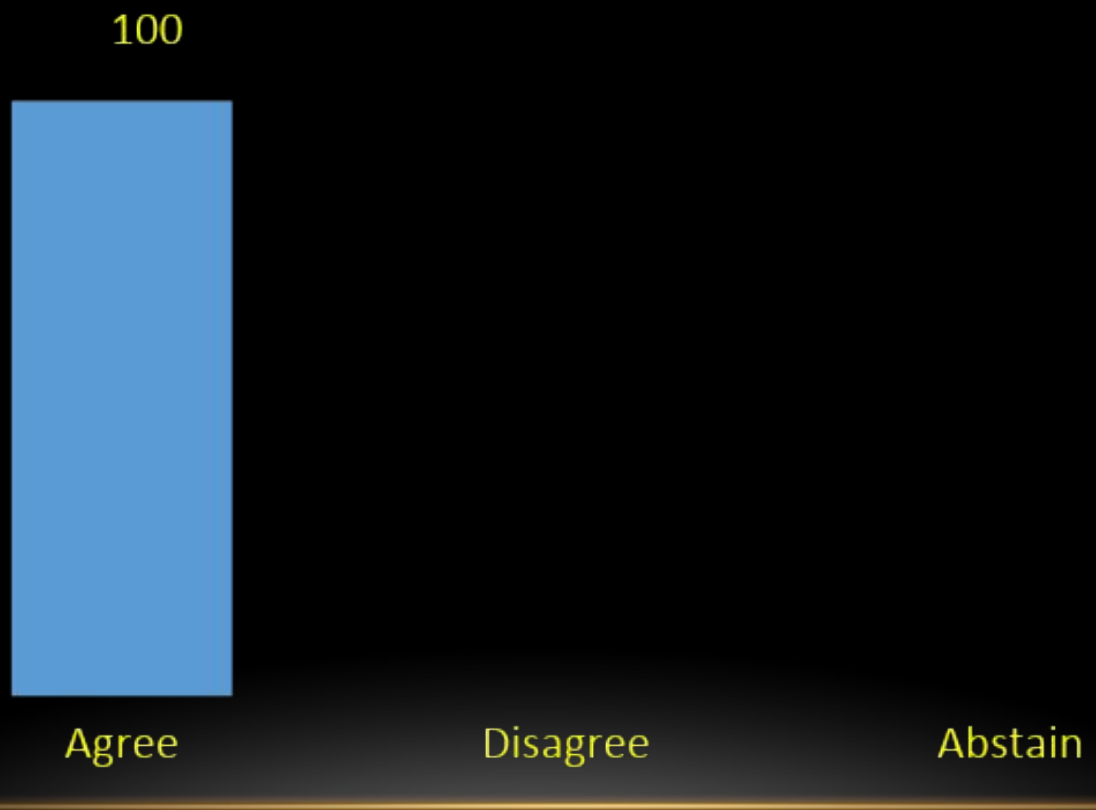


(Unanimous Strong Consensus)

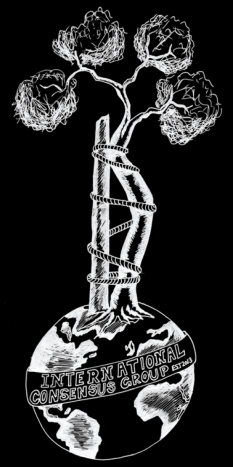
ICM VTE Foot & Ankle

4 - Concerning VTE risk, which surgeries can be considered major, and which surgeries can be considered non-major in foot and ankle surgery?

Response/Recommendation: There is insufficient data to characterize foot and ankle surgical procedures as either major or non-major risk with regard to postoperative venous thromboembolic (VTE) event risk. Certain diagnoses, such as achilles rupture, do seem to demonstrate a higher rate of VTE, but this may be independent of surgical or non-surgical management and instead relate to impaired venous return. Patient-specific risk factors are critical towards understanding the risk of VTE after foot and ankle (F&A) surgery, and may include age > 50 years, splint or cast immobilization, Charlson Comorbidity Index (CCI) > 2, varicose veins, history of VTE, hypercoagulability disorder, and inflammatory arthritis.

Strength of Recommendation: Limited.

Daniel Guss, Christopher W. DiGiovanni, Steven M. Raikin



ICM VTE Foot & Ankle

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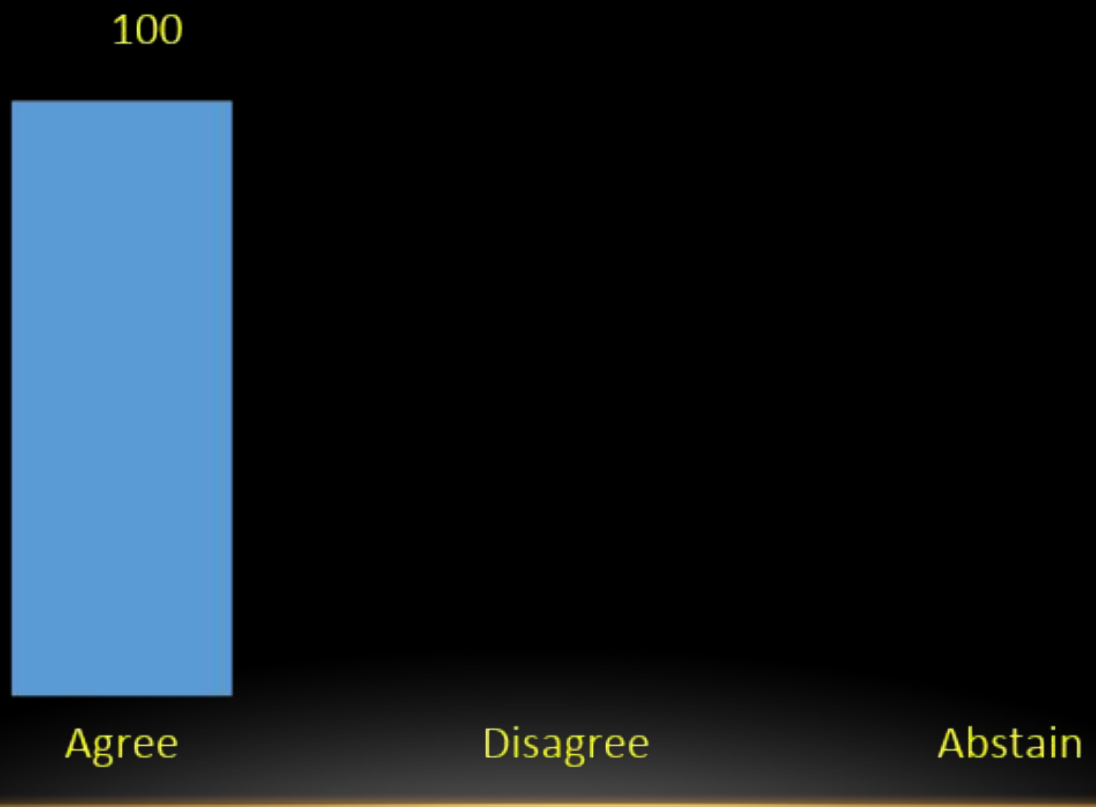


(Unanimous Strong Consensus)

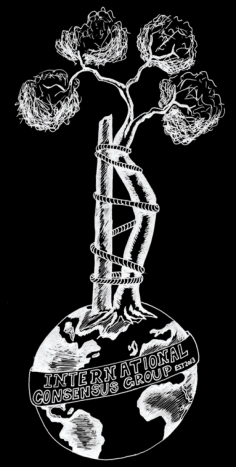
ICM VTE Foot & Ankle

5 - Is routine VTE prophylaxis required for patients undergoing forefoot and midfoot surgery who would be allowed to fully weight-bear?

Response/Recommendation: The risk of venous thromboembolism (VTE) following forefoot and midfoot is rare, with pulmonary embolism (PE) and even more so, fatal PE being exceedingly rare. The rates appear to be lower in forefoot surgery as opposed to midfoot surgery, while both appear low. We do not recommend routine anticoagulants for VTE prevention following elective a forefoot and midfoot in low-risk patients, especially after immediate weight-bearing. We do encourage further high-quality research into routine VTE chemoprophylaxis.

Strength of Recommendation: Limited.

Daniel Scott, Caroline P. Hoch, Terence S. Saxby, Christopher E. Gross



ICM VTE Foot & Ankle

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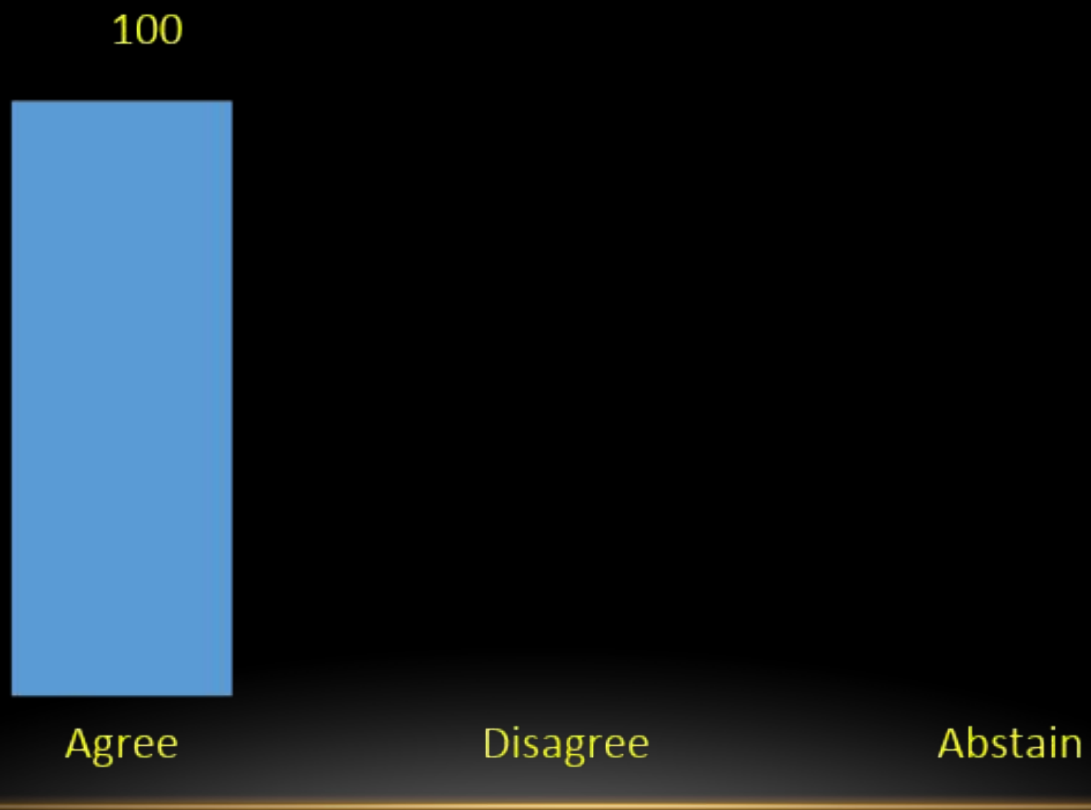


(Unanimous Strong Consensus)

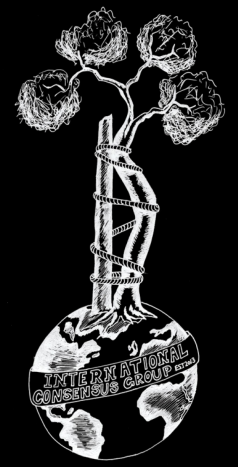
ICM VTE Foot & Ankle

6 - Is routine VTE prophylaxis needed for patients undergoing achilles tendon repair?

Response/Recommendation: In the absence of concrete evidence, we recommend that venous thromboembolism (VTE) prophylaxis (mechanical and/or chemical) be administered to patients at high risk of VTE (as determined by the risk stratification scores), unless contraindicated. Routine administration of chemoprophylaxis for patients undergoing achilles repair is not supported with the current literature.

Strength of Recommendation: Weak.

David T. Loveday, Nicholas J.O. Hutt, Veronica Roberts, Rajesh Kakwani



ICM VTE Foot & Ankle

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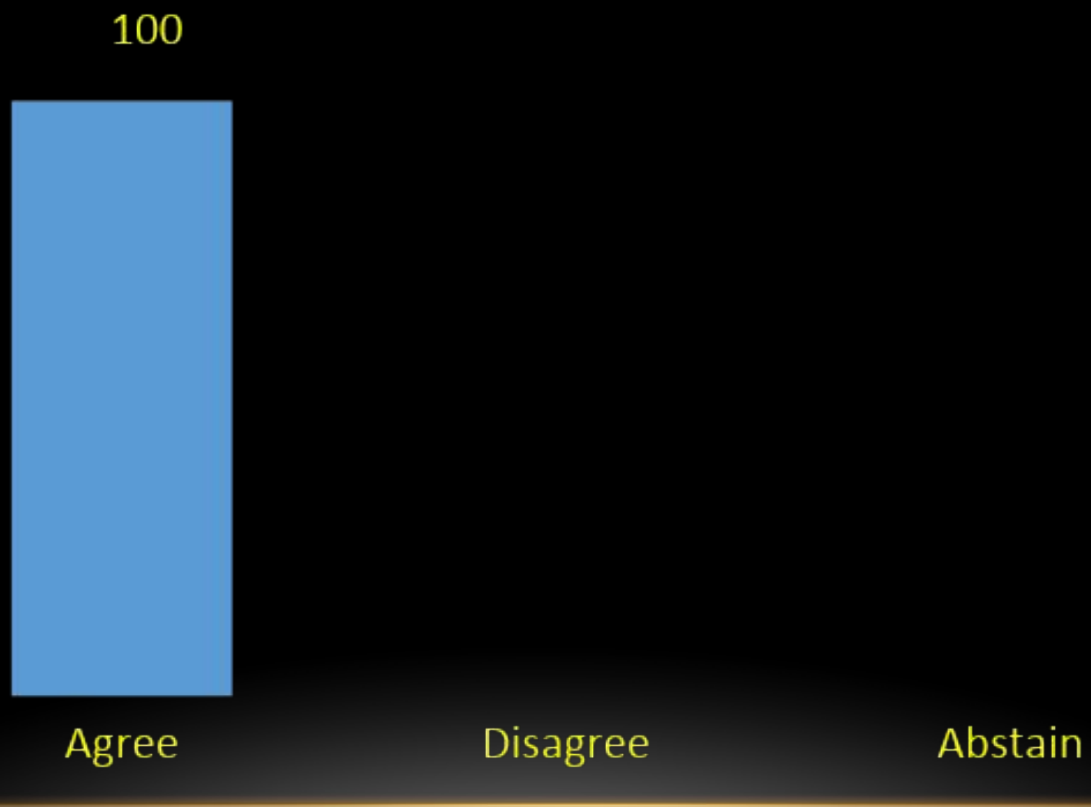


(Unanimous Strong Consensus)

ICM VTE Foot & Ankle

7 - Is there a role for routine VTE prophylaxis undergoing ankle and/or hindfoot fusion?

Response/Recommendation: The risk of venous thromboembolism (VTE) following ankle or hindfoot fusion surgery is rare, with pulmonary embolism (PE) and even more so, fatal PE being exceedingly rare. We cannot recommend routine anticoagulants for VTE prevention following elective ankle/hindfoot fusion in low-risk patients. We do encourage further high-quality research into routine VTE chemoprophylaxis following foot and ankle (F&A) surgery.

Strength of Recommendation: Limited.

Christopher E. Gross, Caroline P. Hoch, Mathias Granqvist, Paul W. Ackermann

ICM VTE Foot & Ankle

7 - Is there a role for routine VTE prophylaxis undergoing ankle and/or hindfoot fusion?

(Strong Consensus)

ICM VTE Foot & Ankle

8 - Is routine VTE prophylaxis required for patients undergoing total ankle arthroplasty?

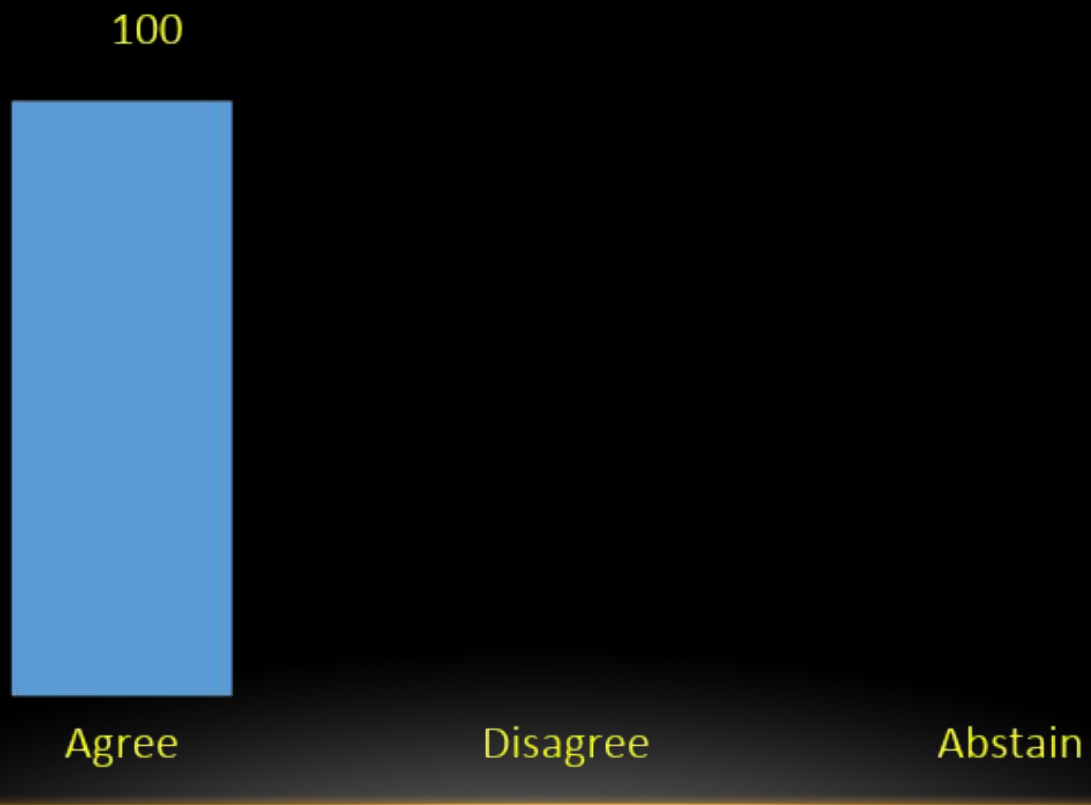
Response/Recommendation: There is contradictory data on the role of chemoprophylaxis for the prevention of venous thromboembolism (VTE) events after total ankle arthroplasty (TAA). VTE rates after TAA appear to be substantially lower than those after total hip or knee arthroplasty in the absence of chemoprophylaxis, but they are certainly not negligible. Subpopulations of patients such as those with a prior history of VTE or known thrombophilia may be at sufficiently heightened risk to justify chemoprophylaxis. The implications of prolonged below-knee immobilization or non- weightbearing as well as the risk-benefit ratio of chemoprophylaxis in the perioperative setting needs to be further elucidated.

Strength of Recommendation: Limited.

Daniel Guss, Christopher W. DiGiovanni, Donald J. McBride

ICM VTE Foot & Ankle

8 - Is routine VTE prophylaxis required for patients undergoing total ankle arthroplasty?



(Unanimous Strong Consensus)