

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)

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Footnote

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