



Central-venous devices are risk-factors for upper extremity deep vein thrombosis. We surveyed physicians to identify practice-patterns and adherence to American College of Chest Physicians guidelines” Cires-Drouet et al (2019).

Abstract:

OBJECTIVES: Central-venous devices are risk-factors for upper extremity deep vein thrombosis. We surveyed physicians to identify practice-patterns and adherence to American College of Chest Physicians guidelines.

METHODS: The 13-question survey obtained physician-demographics and treatment-choices. Respondents were grouped into surgical and medical specialists. Data were reported as ratios and percentages, and compared using Fisher’s exact test.

RESULTS: We received 143 responses from physicians; 65% treated one-to-two new cases/month. Most physicians (69.2%) used anticoagulation; 36.4% retained the catheter and 32.9% removed it. Medical-specialists retained catheters more often than surgeons ($p = 0.027$). For recurrences, 84% repeated anticoagulation; 50.3% retained the catheter. A majority anticoagulated upper-extremity deep-vein thrombosis in long-term catheters for three months only (55.1%). Direct oral anticoagulants were used frequently (43.6%). Only 10% believed that existing guidelines were appropriate and only 2.8% followed all guidelines.

CONCLUSION: There is great variability in treatment-decisions for upper-extremity deep-vein thrombosis. The existing guidelines are considered inadequate and not followed by most physicians.

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Reference:

Cires-Drouet, R., Sharma, J., McDonald, T., Sorkin, J.D. and Lal, B.K. (2019) Variability in the management of line-related upper extremity deep vein thrombosis. *Phlebology*. January 31st.

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