



Intravenous literature: Smith, B.R., Diniz, S., Stamos, M. and Nguyen, N.T. (2011) Deep Venous Thrombosis After General Surgical Operations at a University Hospital. Archives of Surgery. Aug 15 2011 .

Abstract:

Objective - To characterize the location, incidence, and timing of deep venous thrombosis (DVT) after general surgical procedures.

Design - Retrospective data review.

Setting - University hospital.

Patients - Of 2189 patients who underwent general surgical operation, 35 (1.6%) developed DVT afterward.

Main Outcome Measures - Main outcome measures included patient characteristics, location of DVT (lower vs upper), time of DVT diagnosis from the index operation (days), time of diagnosis according to discharge (inpatient vs outpatient), any associated pulmonary embolism, and mortality.

Results - There were 22 men and 13 women with a mean age of 58 years. The index general surgical operations included pancreatic surgery (n = 10), esophagogastric surgery (n = 8),

intestinal/colorectal surgery (n = 13), and other (n = 5). Diagnosis of DVT was based on symptoms in 94.3% of cases and based on routine duplex screening in 5.7% of cases. Upper extremity DVTs occurred in 40%; lower extremity DVTs occurred in 45.7%; and combined upper and lower extremity DVTs occurred in 14.3% of patients. The mean time between diagnosis of DVT and the index operation was 8.6 days with 29 of 35 patients (83%) with DVT diagnosed as an inpatient and 17% diagnosed in the outpatient setting. Catheter-associated DVT occurred in 21 of 35 patients (60%); 19 patients had an upper extremity catheter and 2 patients had a femoral catheter. Twenty-two of 35 patients (62.9%) with postoperative DVT had other concomitant complications such as ventilator dependency, sepsis, renal failure, surgical site infection, and pneumonia. Deep venous thrombosis with concomitant pulmonary embolism occurred in 4 of 35 patients (11.4%), with 1 of these 4 patients having only upper extremity DVT. The 30-day mortality in this study cohort was 14.2%.

Conclusions - In the presence of prophylaxis, the incidence of DVT after general surgical operation is low, with more than 80% of cases diagnosed in the inpatient setting. Since more than half of the DVTs are catheter induced, efforts for DVT prevention should include more attention to the need for a central catheter, limiting the amount of time of a central catheter, and possibly the use of anticoagulation in the presence of a central catheter.



Study demonstrates that half of DVTs are catheter induced | 3



Study demonstrates that half of DVTs are catheter induced | 4

