Primary Repair of the Achilles Tendon, Is DVT Chemoprophylaxis Necessary?

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1

RESUL TS:

although the efficacy of DVT prophylaxis has been demonstrated, the optimal regime for chemoprophylaxis remains a controversial topic of debate among foot and ankle specialists.

METHODOLOGY AND HYPOTHESIS:

The incidence of DVT in this study cannot be fully explained, although the affected limb was immobilized, immobilization, high BMI, age, comorbidities, patient's risk of DVT. None of the surgeons in their study routinely use anticoagulation for Achilles tendon repairs. Whether patients with no absolute risk factors undergoing primary repair of an Achilles tendon who have not received DVT prophylaxis may not be necessary given no absolute risk factors for a DVT such as age, tobacco use, previous history of VTE, immobilization, high BMI, comorbidities, contraceptive pill and travel and that there is a cumulative effect when two or more risk factors are present simultaneously.

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Prospective studies stratifying the patient population into sub categories such as BMI, active cancer, etc. would be helpful in further identifying the risk of a DVT in a patient with an Achilles tendon rupture. Asymptomatic DVTs were not examined or sought out in this retrospective examination because the authors recognize that asymptomatic DVTs could be present in the patient population. It is not uncommon to schedule an Achilles tendon rupture for surgery after the patient has been seen and evaluated in a clinical setting therefore it is difficult to know if the patient formed the DVT prior to surgery. The low incidence of DVT in this study cannot be fully explained, although the affected limb was immobilized, immobilization, high BMI, age, comorbidities, patient's risk of DVT. None of the surgeons in their study routinely use anticoagulation for Achilles tendon repairs. Whether patients with no absolute risk factors undergoing primary repair of an Achilles tendon who have not received DVT prophylaxis may not be necessary given no absolute risk factors for a DVT such as age, tobacco use, previous history of VTE, immobilization, high BMI, comorbidities, contraceptive pill and travel and that there is a cumulative effect when two or more risk factors are present simultaneously.

Deep vein thrombosis (DVT) prophylaxis remains a controversial topic of debate among foot and ankle specialists. The incidence of DVT in this study cannot be fully explained, although the affected limb was immobilized.

Although Achilles tendon ruptures were not included in the study, patients did not receive chemoprophylaxis according to their risk of DVT. In 60.34% of patients no DVT was documented. 49 patients out of 945 (5.26%) did not have a DVT documented. This could be attributed to the patients' risk of DVT. None of the surgeons in their study routinely use anticoagulation for Achilles tendon repairs. Whether patients with no absolute risk factors undergoing primary repair of an Achilles tendon who have not received DVT prophylaxis may not be necessary given no absolute risk factors for a DVT such as age, tobacco use, previous history of VTE, immobilization, high BMI, comorbidities, contraceptive pill and travel and that there is a cumulative effect when two or more risk factors are present simultaneously.

The evidence in favor of DVT prophylaxis is unclear in patients with no absolute risk factors. However, the retrospective examination of patients with Achilles ruptures in our cohort provide early evidence that DVT chemoprophylaxis may not be necessary given no absolute risk factors for a DVT such as age, tobacco use, previous history of VTE, immobilization, high BMI, comorbidities, contraceptive pill and travel and that there is a cumulative effect when two or more risk factors are present simultaneously.

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