Survey of ACFAS Member Opinion Regarding Use of DVT Prophylaxis in Foot and Ankle Surgery

Leland Jaffe, DPM; Shruti Dosi, MPH; Rachel Albright, DPM; Jeff Baker, DPM; Robert Joseph, DPM, PhD; Adam Fleischer, DPM, MPH

Center for Lower Extremity Ambulatory Research (CLEAR), Dr. Wm. M Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science, North Chicago, IL

Introduction

Deep venous thrombosis (DVT) is a known complication following orthopedic surgery (1). A number of practice guidelines have been published regarding DVT risk in orthopedic surgery suggesting all orthopedic procedures pose some level of DVT risk, however most of these guidelines cover three major orthopedic procedures: total hip replacement, total knee replacement and hip fracture repair (1).

While DVT risk following foot and ankle surgery is acknowledged (2,3,4), this topic has remained rather elusive due to the lack of specific guidelines and general consensus in this area.

In an attempt to better promote best practices among its members, the American College of Foot and Ankle Surgeons (ACFAS) published a clinical consensus statement (CCS) in 2015 regarding risk, prevention, and diagnosis of DVT following foot and ankle surgery (5) (Table 1).

The information in this recent document prompts the questions: How well do our current practices coincide with these new published recommendations?…..and Are there any areas where we can improve?

Purpose

The purpose of this investigation was to examine how well current opinion/practice regarding DVT prophylaxis among US foot and ankle surgeons coincides with the recent recommendations resulting from the ACFAS CCS.

Methods

In 2012, the ACFAS Research/EBM Committee gathered data from a voluntary 15 question survey amongst its active members to assess current practices in DVT prevention. All members of ACFAS were solicited with the brief survey distributed via e-mail invitation. Members attending the 2012 ACFAS Annual Scientific Conference (ASC) were also given the opportunity to respond to this survey during the conference’s general session.

Results

785 physicians responded to the survey (12%, 785/6700). Approximately 50% of the respondents had been in practice > 15 years (46.2%).

Most participants reported having at least one patient with a postoperative DVT (79%, 617/785), and more than half reported a DVT in the previous year (56%, 435/775).

The most common form of DVT prophylaxis used was low molecular weight heparin (43%, 355/772); however, nearly a quarter of respondents (23%, 181/772) reported using aspirin alone.

There was wide variation (Figures 1-4) regarding which patient, treatment, and surgery-specific factors were considered important when using the use of postoperative chemical prophylaxis, however most respondents appropriately responded that a personal history of DVT or PE routinely influenced their decision (76%, 597/770).

Younger surgeons were more likely to recognize appropriately that the use of oral contraceptives (p<0.001), personal history of DVT (p<0.004), and family history of DVT (p<0.001) are important risk factors for the development of postoperative DVT.

Discussion/Conclusion

Deep venous thrombosis (DVT) is a known, and potentially serious, risk following foot and ankle surgery. At the time of this survey in 2012, there appeared to be wide-ranging views among ACFAS members on when and whom to prophylax.

The results of this study highlight the discrepancies currently existing on this topic and emphasize the value and timeliness of the College’s recently published consensus statement regarding the use of chemical prophylaxis in foot and ankle surgery. Our findings also suggest there may be an opportunity for educating more seasoned surgeons on DVT risk and management.

The ACFAS CCS on DVT prophylaxis (5) can be downloaded for free at: http://www.acfas.org/Research-and-Publications/Clinical-Consensus-Documents/Clinical-Consensus-Documents/

References


Acknowledgements

This project was supported by the American College of Foot and Ankle Surgeons (ACFAS). The content is solely the responsibility of the authors and does not represent the official views of ACFAS.