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Venous thromboembolism prophylaxis in major sarcoma survey – Current Practice

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Aims: The risk of deep vein thrombosis and pulmonary embolism following major sarcoma surgery is not clear from the literature. Moreover some surgeons consider the use of chemical thromboprophylaxis causes major bleeding risk. The aim of this study was to assess the current practice of VTE prophylaxis worldwide.

Methods: A 5-question online survey was sent worldwide mainly to oncologists and orthopaedic oncology surgeons regarding their practice of VTE prophylaxis. Questions were designed to target ambiguous areas of VTE prophylaxis.

Results: Survey responses were received from many centers around the world. 85% used VTE prophylaxis while 15% used no prophylaxis. 42% used mechanical VTE prophylaxis while 82% used low molecular weight heparin. 30% used both mechanical and chemical VTE prophylaxis. The duration of the prophylaxis varied widely from few days to 10 weeks. Two thirds of the respondents felt that VTE prophylaxis benefit is more than the risk while one third felt otherwise. 10% felt that chemical VTE prophylaxis is a major bleeding risk for major sarcoma surgery.

Conclusions: The survey indicates wide variations in the current usage of VTE prophylaxis from major tumour centers around the world. It is important to identify that there is wide variation in the current practice before any consensus could be achieved. The findings of the study may also have medico legal implications for the justification of VTE prophylaxis.

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