

EXTENDED VTE PROPHYLAXIS FOR CANCER PATIENTS UNDERGOING MAJOR SURGERY

AGALYA SIVAKUMAR FY2, MR ADNAN SHEIKH CONSULTANT COLORECTAL SURGEON, MRS UMA KRISHNAMOORTHY CONSULTANT GYNAECOLOGIST & TRUST VTE LEAD

Background

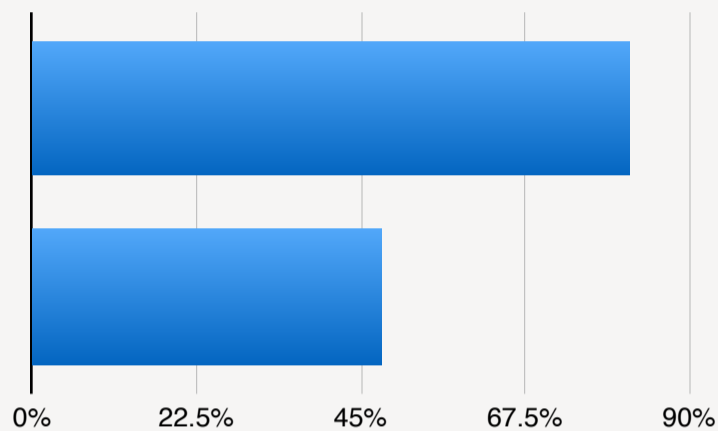
Patients with cancer who have had major surgery should be prescribed VTE prophylaxis for 28 days. This is based on NICE guidelines, European guidelines and extensive research.

Aim: To see if patients admitted under gynaecology or general surgery wards were discharged with the appropriate prophylaxis

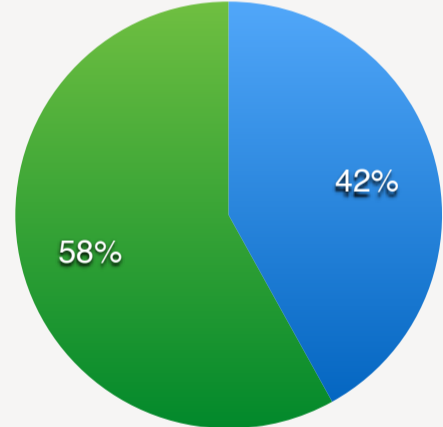
Results

In the initial analysis, 18/32 patients with cancer who had major surgery were not discharged with VTE prophylaxis. In November, 9 patients who had surgery for suspected gynaecological malignancy did not receive VTE prophylaxis. Of 7 patients who had surgery for removal of fibroids, 1 was found to have cancer.

Proportion of Surgical Patients who received Prophylaxis



VTE Prophylaxis in November



Methods

Discharge letters from 25th March to 21st April were analysed. This was repeated from 27th October to 23rd November following trust wide awareness sessions, emails and posters specific to extended VTE prophylaxis.

Key Findings

Significant improvement in prescription of extended VTE prophylaxis on general surgery wards. Overall 42% did not receive prophylaxis compared to 56% before.

No evidence of improvement in gynaecology but this may be due to inadequate documentation.

Next steps:

1. Amend TTOs
2. Discuss at the VTE facility meeting.
3. Increase awareness in the gynaecology department