

DVT Prophylaxis: Do We Need An Asian Guideline?

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Post-operative venous thromboembolism (VTE) is one of the most serious complications following total knee arthroplasty(TKA). It is the job of the operating surgeon to minimize the risk of occurrence of this complication and its associated morbidity and mortality. Numerous guidelines and recommendations suggest use of various methods of thromboprophylaxis. Pharmacological and mechanical prophylaxis methods are used, either in isolation or in combination, to reduce the risk of post-operative VTE. Use of pharmacological prophylaxis requires a fine balance between the efficacies of the drug in preventing deep-vein thrombosis (DVT) versus the adverse effects associated with the use of these drugs. Successful implementation of these strategies would help us to decide which patients require pharmacological thromboprophylaxis following TKA in a low DVT incidence population. In regions with a low prevalence of DVT such as Korea, does benefit of using pharmacological prophylaxis outweigh the risks involved? The author reviewed the need for thromboprophylaxis, the guidelines, problems with guidelines and pharmacological prophylaxis use, current scenario of DVT and discuss whether use of pharmacological prophylaxis is mandatory in a low incidence population.