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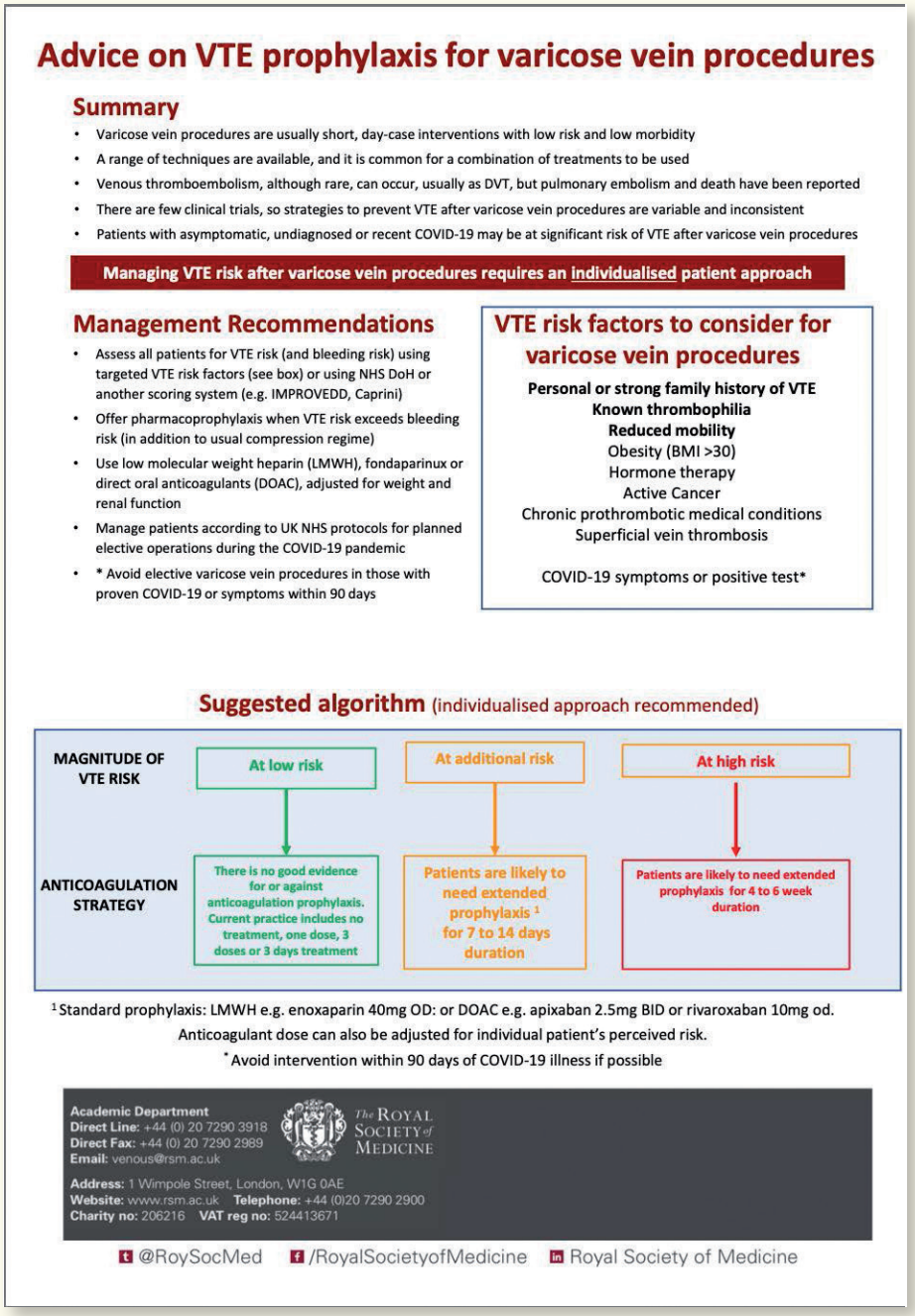
3/ Prévention de la maladie thromboembolique veineuse après une intervention sur les varices.

Le RSM Venous Forum a élaboré les conseils ci-dessous, disponibles sur le site web de la section. Ces conseils ont été motivés par le manque de preuves dans ce domaine. Vous trouverez ci-dessous les excellents conseils.

Venous Thromboembolism Prevention after varicose vein procedures :

The RSM Venous Forum has developed the advice captured below and available from the section website. This was prompted by the lack of evidence in this area. Below is the excellent guidance.



Advice on VTE prophylaxis for varicose vein procedures

Summary

- Varicose vein procedures are usually short, day-case interventions with low risk and low morbidity
- A range of techniques are available, and it is common for a combination of treatments to be used
- Venous thromboembolism, although rare, can occur, usually as DVT, but pulmonary embolism and death have been reported
- There are few clinical trials, so strategies to prevent VTE after varicose vein procedures are variable and inconsistent
- Patients with asymptomatic, undiagnosed or recent COVID-19 may be at significant risk of VTE after varicose vein procedures

Managing VTE risk after varicose vein procedures requires an individualised patient approach

Management Recommendations

- Assess all patients for VTE risk (and bleeding risk) using targeted VTE risk factors (see box) or using NHS DoH or another scoring system (e.g. IMPROVEDD, Caprini)
- Offer pharmacoprophylaxis when VTE risk exceeds bleeding risk (in addition to usual compression regime)
- Use low molecular weight heparin (LMWH), fondaparinux or direct oral anticoagulants (DOAC), adjusted for weight and renal function
- Manage patients according to UK NHS protocols for planned elective operations during the COVID-19 pandemic
- * Avoid elective varicose vein procedures in those with proven COVID-19 or symptoms within 90 days

VTE risk factors to consider for varicose vein procedures

Personal or strong family history of VTE
Known thrombophilia
Reduced mobility
Obesity (BMI >30)
Hormone therapy
Active Cancer
Chronic prothrombotic medical conditions
Superficial vein thrombosis

COVID-19 symptoms or positive test*

Suggested algorithm (individualised approach recommended)

MAGNITUDE OF VTE RISK	At low risk	At additional risk	At high risk
ANTICOAGULATION STRATEGY	There is no good evidence for or against anticoagulation prophylaxis. Current practice includes no treatment, one dose, 3 doses or 3 days treatment	Patients are likely to need extended prophylaxis [1] for 7 to 14 days duration	Patients are likely to need extended prophylaxis for 4 to 6 week duration

[1] Standard prophylaxis: LMWH e.g. enoxaparin 40mg OD: or DOAC e.g. apixaban 2.5mg BID or rivaroxaban 10mg od.
Anticoagulant dose can also be adjusted for individual patient's perceived risk.
* Avoid intervention within 90 days of COVID-19 illness if possible

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