PREVENTION AND TREATMENT OF VENOUS THROMBOEMBOLISM

International Consensus Statement 2013
Guidelines According to Scientific Evidence

Developed under the auspices of the:

Cardiovascular Disease Educational and Research Trust (UK)
European Venous Forum
North American Thrombosis Forum
International Union of Angiology and
Union Internationale du Phlebologie
Patients with Burns

Chapter 7
Risk of VTE in Patients with Burns

- VTE risk ranges from mild to severe\(^1\)
  - Incidence of DVT is between 6\% and 27\%\(^2-5\)
  - Symptomatic VTE occurs in 0.2\% to 7.0\%\(^3,6,7\)
- Risk is higher in patients >50 years of age and females\(^1\)
- Additional injuries and co-morbid diseases may require intensive care and a multidisciplinary approach to prevent VTE

**Incidence of DVT in the Absence of Prophylaxis**

Diagnosed by surveillance with objective methods: Phlebography, FUT or DUS

<table>
<thead>
<tr>
<th>Study</th>
<th>Patients (n)</th>
<th>DVT Incidence</th>
<th>95% CI</th>
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</thead>
<tbody>
<tr>
<td>Wait et al, 1990&lt;sup&gt;1&lt;/sup&gt;</td>
<td>71</td>
<td>14</td>
<td></td>
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<tr>
<td>Wahl et al, 2002&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30</td>
<td>7</td>
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<tr>
<td>Wibbenmeyer et al, 2003&lt;sup&gt;3&lt;/sup&gt;</td>
<td>148</td>
<td>9</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>249</strong></td>
<td><strong>30 (12%)</strong></td>
<td><strong>8.6% to 16%</strong></td>
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</tbody>
</table>

VTE Prophylaxis in Patients with Burns
General Considerations

- USA survey revealed most centers used VTE prophylaxis\(^1\)
  - Combination of mechanical (IPC) and LDUH prophylaxis

- Prophylaxis should be individually assessed because of lack of evidence
  - Recommendations for patients with burns are extrapolated from patients with multiple injuries

- LMWH is preferable when burns are associated with potential renal impairment

VTE Prophylaxis Recommendations
Burns

- LDUH or LMWH initiated as soon as possible
  - Level of evidence: Low

- Continue LDUH or LMWH as long as patient are at risk
  - Level of evidence: Low

- For patients at high risk of bleeding, mechanical prophylaxis with GEC and IPC is recommended if burns do not involve the lower limbs
  - Level of evidence: Low

- FIT is an alternative
  - Level of evidence: Low