When Should We Use Prophylactic Anticoagulation For Saphenous Ablation?

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I do not anticipate discussing the unapproved/investigative use of a commercial product/device during this presentation.

Disclosures
Janssen R&D - Steering Committee
Pfizer - Bleeding Advisory Board
BMS - Advisory Board
Recovery Force – Consultant
Alexion Pharmaceuticals – Advisory Board

NEVER KILL A FRIEND!!
NEVER TREAT A STRANGER!!
Taking A Good History Makes Your Patient More Of A Friend Than A Stranger

CHINESE PROVERB*"I’m sorry, the CAT scanner is broken, so I’ll have to take your history and physical.”

Risk Assessment

VTE Risk is Underestimated by Chart Reviews

<table>
<thead>
<tr>
<th>Chart Review</th>
<th>History of unexplained stillbirth, infant, recurrent spontaneous abortion (≥2), premature birth with losse or growth-restricted infant</th>
<th>N=147</th>
<th>N=100</th>
<th>P&lt;0.001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family history of thrombosis</td>
<td>N=336</td>
<td>N=199</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Personal History of VTE</td>
<td>N=147</td>
<td>N=100</td>
<td>P=0.014</td>
</tr>
</tbody>
</table>

Christopher Pannucci MD MS, Kory Fleming MPH, AVF 2016
Validation of a Patient-Completed Caprini Risk Score for Venous Thromboembolism Risk Assessment

Fuentes HE, et al; TH Open 2017;1:e106–e112
Validation of a Patient-Completed Caprini Risk Assessment Tool for Venous Thromboembolism Risk Assessment

FIGURE 2
Correlation for patient-completed CRS

FIGURE 3
Brand Altimeter for patient-completed CRS

Pitfalls
- Fail to recognize family history
- Patients do not understand BMI
- Pitting edema can be overlooked
- Obstetric history is often missed

Saphenous Ablation Scores
1. Ablation = 1
2. Phlebectomy = 1
3. Varicose veins = 1
4. Leg swelling = 1
5. History SVT = 3
6. History DVT = 3
7. Family history DVT = 3
8. Personal or family thrombophilia defect = 3

Familial Risk of Venous Thromboembolism in Relatives*
- This study shows an increased VTE risk among not only first-degree relatives but also second- and third-degree relatives and non-biologic relatives
  - The genetic component of the familial clustering of VTE is strong
  - Family history is potentially useful for clinical VTE risk assessment, even in second- and third-degree relatives.

*Suggested Schema

<table>
<thead>
<tr>
<th>Risk</th>
<th>Caprini Score</th>
<th>Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1-4</td>
<td>Compression Stockings</td>
</tr>
<tr>
<td>Moderate</td>
<td>5-8</td>
<td>Compression Stockings + LMWH 17-10 days</td>
</tr>
<tr>
<td>High</td>
<td>9+</td>
<td>Compression + LMWH 17-10 days + Duplex scan before stopping LMWH</td>
</tr>
</tbody>
</table>

*Suggested 14-28 Days Of Prophylaxis For History Or Family History Of Thrombosis Or Thrombophilia Regardless Of Score

*Caprini opinion to be studied
Conclusions

- Risk assessment using the Caprini score
  - Utilize patient-friendly form + verification
  - Avoid chart review
  - Face-to-face critical
- Provide prophylaxis for at least one week in those “at risk”
  - Score > 5
- Consider extended prophylaxis for at least 14-28 days for:
  - History of VTE
  - Family history of VTE
  - Thrombophilia