Flying and VTE risks

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Disclosures

• None
The majority of world airlines continue to fail to warn of the risk of traveller’s thrombosis or offer appropriate advice. Alerting passengers at risk gives them an opportunity to seek medical advice before flying.

- Relative risk of VTE 2.8
  - 18% with every 2 hour increase in travel duration
  - > 8 hrs -10
  - > 4 hrs + immobile, window seat, obesity, recent surgery

- Previous VTE
- Recent surgery or trauma
- Malignancy
- Pregnancy, COCP / HRT
- Advanced age
- Limited mobility
- Known thrombophilia
- Severe obesity

- Long distance at increased risk
- Frequent ambulation
- Calf muscle exercise
- Sitting aisle seat

- Below knee GCS 15 – 30mmHg

- Do not give GCS to long distance travellers without risk factors
- Do not give aspirin or anticoagulants for VTE prevention

GRADE 2 B

GRADE 2 C
increased risk. There is no definitive evidence that dehydration, travel in economy class, and drinking alcoholic beverages on the flight are related to VTE risk.

- Hx DVT
- Reduced mobility
- Neoplastic disease within last 2 years
- Severe obesity
- Large VV
- A documented coagulation disorder

Low risk (n=355) 0%

High risk (n=355) 2.8%

Low risk (n=422) 0.24%

High risk (n=411) 4.5%

High risk (n=100) 0.6%

High risk (n=100) 4.8%

High risk (n=100) 3.6%

85% of DVTs were observed in non aisle seats
After Intervention

- No evidence to delay flights in minimally invasive superficial venous intervention
- Avoid intervention for at least 2 weeks following a flight
- Individual risk assessment
- Compression (>3 hours)
- Anticoagulation (risk ax)
- Sit in an aisle seat
- Mobilise if possible

Before Intervention

- Doctor, when can I fly?

- Alcohol
- Dehydration
- Economy Class
- Immobility
- Hypertension
- Hypoesthesia
- Surgery
- Flight time

Thank You