



At present, there is insufficient evidence in the published literature to recommend for or against routine use of chemical thromboprophylaxis for patients undergoing foot and ankle surgery. BOFAS, however, recommends that all patients should be assessed preoperatively for venous thromboembolism (VTE) risk. Healthcare professionals should assess each patient individually for risk benefit ratio of prophylaxis.

A multimodal approach to VTE prophylaxis should be adopted for patients at increased risk. This includes addressing any modifiable risk factors, using mechanical forms of prophylaxis (e.g., compression garments), early mobilisation and use of chemical prophylaxis.

Early mobilisation and other mechanical prophylaxis should be routine. If sufficient risk factors are present, chemical VTE prophylaxis may also be considered and weighed against the potential risks associated with its use. Risk stratification of patients should place greater emphasis on the patient's personal risk factors for developing VTE and less emphasis should be given to the type of foot/ankle surgery planned.

A higher risk has been reported with:

- Achilles tendon ruptures (with and without repair),
- Ankle fractures (with and without fixation)
- Total ankle replacement
- Hindfoot arthrodesis surgery.

Other reports refute some of these indications.

This information should be discussed with patients at the point of consent.

Although the optimal means and duration of chemical thromboprophylaxis is undefined, low-molecular weight heparin (LMWH) is used most frequently. In most instances, LMWH should be initiated shortly after the surgery/injury and continued until patient is weight bearing and no longer in equinus (Achilles cases).

If there is to be an extended period of use, or if the patient is needle-phobic, then oral agents might be considered (as used for total hip or knee arthroplasty). However, members are reminded that currently DVT prophylaxis after hip or knee arthroplasty is the only licensed indication. Pharmacy may require "off license use" paperwork.

Members are reminded that it is good practice to document that VTE and prophylaxis has been discussed with the patient. The reasons for the resultant plan regarding prophylaxis should be recorded.

BOFAS Scientific Committee

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#### References

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