

Venous thromboprophylaxis in hip fracture surgery

-a national survey -

Aim: baseline measurement of surgeon adherence to national Dutch guidelines on venous thromboprophylaxis in the treatment of hip fractures

Background: Venous thrombosis is the most common avoidable complication in the treatment of patients with a fracture of the hip. In 2008, the Dutch Institute for Healthcare Improvement CBO in 2008 published its guideline regarding treatment strategies to prevent venous thrombosis. This survey is the first to assess adherence of Dutch surgeons to these guidelines focussed on the treatment of hip. Similar surveys were performed by Ettema et al (Acta Orthop 2009) in 2002 and 2007 among Dutch orthopaedic surgeons, which was focussed on elective orthopaedic procedures but also comprised one question on hip fractures.

Methods: a digital questionnaire with 11 multiple choice questions was send by email to all 660 members of the Dutch Society of Traumasurgery (NVT) in august 2010 with a reminder three months later. Responses were concealed for privacy considerations. It was tailored to fit the one performed by Ettema et al (2009) for comparison.

Results: from the 660 questionnaires, a total of 84 were returned (13%). All these questionnaires were eligible for analysis.

- Of these 84 responses, 97% of the Dutch surgeons reported to use a protocol for venous thromboprophylaxis in their daily care for patients with hip fractures
- Around 70% of these protocols were based on the CBO national Dutch guideline 2008 and 30% used another protocol
- The choice of pharmacologic prophylaxis was LMWH in 76%, fondaparinux in 12% and other in 12%
- Pharmacologic prophylaxis was subscribed only during admission in 10%; extended for 4-6 weeks postoperatively in 48% and extended 3 months postoperatively in 12%. Compared with the study of Ettema et al this was 4-6 weeks in 88% and 3 months in 9%
- Preoperative start of prophylaxis was done in 70% and postoperative start in 30%

Conclusions: a digital questionnaire on venous thromboprophylaxis among Dutch members of the NVT resulted in a very low response rate (13%). The majority reported to use a protocol choosing LMWH as favourite pharmacotherapeuticon started postoperatively. Extended prophylaxis for patients with hip fractures was commonly used by Dutch surgeons but less often than orthopaedic surgeons reported in 2007.

