



## Response Report for Review and Comment – August 2010

### Venous Thromboembolism Prophylaxis Guideline

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#### **Member Groups Requesting Changes:**

Fairview Health Services  
Marshfield Clinic

#### **Member Groups that Reviewed the Guideline, No Changes Requested:**

Grand Itasca Clinic and Hospital  
Mayo Clinic

#### **Member Groups that Responded but the Guideline Does Not Pertain to Practice:**

None

#### **Sponsoring Health Plans Requesting Changes:**

None

#### **Sponsoring Health Plans that Reviewed the Guideline, No Changes Requested:**

HealthPartners Health Plan

#### **GENERAL COMMENTS:**

- 1) We would like to see information regarding bridging of patients who are already on VTE prophylaxis prior to surgery. We have struggled with developing a document that all disciplines can agree on, and have one in draft form, but it is very complex. (Fairview Health Services)

*Thank you for your comment. The work group feels that this issue has been addressed in the ICSI Antithrombotic Therapy Supplement and would refer you to that document as a guide.*

- 2) Our general surgeon noted that the guideline does not address the general surgery inpatient population. (Grand Itasca Clinic and Hospital)

*Thank you for your comment. The work group recognizes that the “General, Gynecologic and Urologic Surgery Section” (#7) has categories that do not readily identify the inclusion of inpatients and/or general surgery patient as the title suggests. The names of categories have been revised to improve clarity.*

**MEDICAL CONTENT:**

- 5) Algorithm # 5 page 2 Special Situations, Neuraxial Blockade: Regarding Dalteparin and Enoxaparin, and the insertion as well as removal of neuraxial current ICSI guideline states that twice daily dosing of the Dalteparin and Enoxaparin precludes the use of epidural catheters. There is a discussion and recommendation for insertion and removal for patients receiving higher doses of LMWH in the ASRA guidelines: Patients receiving higher (treatment) doses of LMWH, such as enoxaparin 1mg/kg every 12 hours, enoxaparin 1.5 mg/kg daily, dalteparin 120 U/kg every 12 hours, dalteparin 200 U/kg daily, or tinzaparin 175 U/kg daily will require delays of at least 24 hours to assure normal hemostasis at the time of needle insertion. Can the workgroup consider adding this information to the algorithm and the related annotation on page 14? Horlocker T.T., et al. Regional Anesthesia and Pain Medicine. Vol. 28 (3); May-June 2003, pp. 182-183. Annotation Page 14, #2 top of page, Pharmacodynamics is misspelled. (Marshfield)

*Thank you for the comment. The additional information regarding timing of needle insertion after twice daily prophylactic dosing and therapeutic dosing of low-molecular-weight heparin has been added to the Main Table (Horlocker, 2003; Horlocker, 2009).*

**PRIORITY AIMS AND SUGGESTED MEASURES:**

None

**SUPPORT FOR IMPLEMENTATION:**

None