

# Thromboprophylaxis in the surgical patient Tromboprofilaxis en el paciente quirúrgico

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Venous thromboembolic disease (VTE), manifested as deep venous thrombosis (DVT), pulmonary embolism or both, is a source of morbidity and mortality in patients undergoing surgery. Pulmonary embolism is the most common cause of preventable death in patients hospitalized for surgical procedures. The risk of VTE is determined by combination of individual predisposing factors and the specific type of surgery. At present, routine and systematic prophylaxis with pharmacological and/or mechanical methods, is the best strategy to reduce VTE after surgery, in patients at risk. Without prophylaxis, the incidence of DVT is about 14% in gynaecological surgery, 22% in neurosurgery, 26% in abdominal surgery and 45-60% in orthopaedic surgery. In patients with malignancy these rates are markedly higher. However, although we have this knowledge and the availability of effective prophylactic methods and consensus guidelines, VTE is still a major problem in surgery. This article reviews the current evidence