Twitter Thread by Dr Supradip Ghosh



Dr Supradip Ghosh
@dr_supradip



Some thought about DVT prophylaxis in ICU.
Part of my presentation on the same topic.

Question 1: What is the incidence of DVT and PE in current era of widespread thrombo-prophylaxis?
#FOAMed

Question 2: How do you diagnose DVT in ICU?
■■I think, the best evidence is available for CUS with limited scope for Venography.
And no role of D-Dimer.
#FOAMed

Question 3: Is there any evidence supporting Heparin thrombo-prophylaxis in ICU?
#FOAMed

Yes.
1■Number needed to prophylax to prevent 1 DVT - 20
2■Number needed to prophylax to prevent 1 PE - 52
3■Overall no major bleeding. But bleeding risk need to be individualised.

Question 4: Is there any evidence of LMWH over UFH in VTE Prophylaxis?
#FOAMeYes.
1■LMWH decreases DVT. But no difference in Proximal DVT.
2■No difference in PE.
3■No difference in major bleeding.
4■Lower incidence of HIT in LMWH (PROTECT Trial).
5■Overall advantage LMWH.

Question 5: Is there any role of Mechanical Thromboprophylaxis?
#FOAMed

Question 6: What is the evidence for Pharmacological Thromboprophylaxis in patients with low CrCL?

1■Maximum evidence is for Dabigatran.
2■But unfortunately even on Dabigtran with adequate Anti-factor Xa level maintained both DVT and bleeding risk remains high.
#FOAMed

Question 7: Any evidence in TBI?
#FOAMed
Suggestions.
1■GCS 13-15. No bleed expansion at 48-H. Start.
2■GCS 13-15. Some expansion at 48-H. Start only after 72-H.
3■GCS 3-12. Not before 72 H. But before 7-days.
4■For DAI. No bleeding. Start after 72-H.
5■Consult Neurosurgery.

Question 8: How to treat DVT in ICU?
#FOAMed
1■Standard anticoagulation.
2■Limited role for Catheter Directed Thrombolysis.

Question 9: How do I provide DVT prophylaxis in my ICU?
#FOAMed

1■All ICU patients need DVT prophylaxis.
2■Pharmacological preferred over Mechanical.
3■If DVT prophylaxis not given for some reason, the reason must be documented.

Question 10: Is there any evidence for DOACs?
#FOAMed
1■Yes. For several of them.
2■APEX supports Betrixaban for prophylaxis.
3■Xalia supports Rivaroxaban for treatment.
4■But will be cautious in using them in my patients. Limited evidence in ICU patients. Limited reversal agent.