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Titel des Beitrags: Prevention of Venous Thromboembolism Using Enoxaparin in Day Surgery: Results of the SMART Noninterventional Study.

Abstract: We aimed to confirm the results of randomized, controlled trials on enoxaparin prophylaxis in unselected patients undergoing day surgery. The primary end point was the incidence of thromboembolic events during prophylaxis and up to 48 hours thereafter. A total of 11,794 patients, consisting of 52.1% male with mean age of 49.2 ± 15.7 were included. In all, 61.5% had no predisposing risk factors and 67.1% received no concomitant medication with the potential to increase bleeding. Patients were exposed to 20 mg (63.6%) and 40 mg (36.4%) of enoxaparin for a mean of 12.4 ± 9.8 days. Forty-four patients (0.39%) had confirmed symptomatic deep venous thrombosis and 1 patient confirmed pulmonary embolism. Bleeding occurred in 3.47% of patients (3.29% minor bleeding). Differences between 20 and 40 mg enoxaparin were negligible. Adverse drug reactions were experienced by 3.1% of patients. The present study results demonstrate that it is effective and tolerable to use a risk stratified dose of 20 or 40 mg enoxaparin in patients undergoing day surgery.

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