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CLINICAL FOCUS
DVT

THE IMPORTANCE OF VTE PROPHYLAXIS IN OBSTETRICS & GYNAECOLOGY

Venous thromboembolism (VTE) is a significant cause of mortality and morbidity during pregnancy, delivery and the post-partum. Caesarean section (C-section) places the woman at even more risk nearly doubling a woman's possibility of developing VTE[1]. Deep vein thrombosis (DVT) can also cause significant morbidity in later life as a result of post-thrombotic syndrome (PTS) and venous ulceration[2].

Procoagulant changes throughout pregnancy and the immediate puerperium combined with venous stasis and trauma to the pelvic veins at the time of delivery all contribute to the risk of thromboembolism[4]. Venous ultrasound has also demonstrated a marked reduction in venous blood flow velocity during pregnancy which is thought to be due to progesterone induced venodilatation and the weight of the pregnant uterus which impedes venous return[5].

FLOWTRON® DVT PROPHYLAXIS SYSTEMS

Prevention of venous stasis
Use of Flowtron Systems prevents venous stasis by active augmentation of blood flow[6-12]. This reduces stasis, flushes valve pockets where thrombi originate, decreases venous hypertension and decreases interstitial oedema[13].

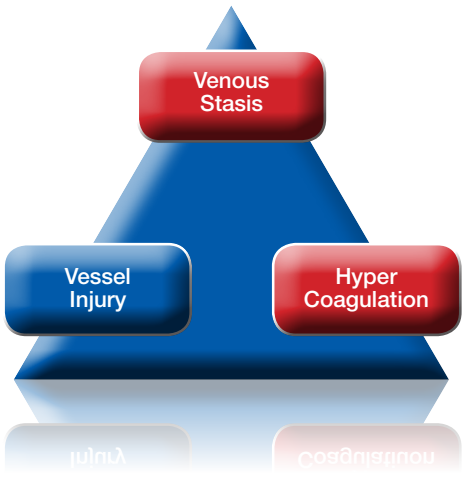
Increased Fibrinolytic Activity
Use of Flowtron Systems results in an increase in the fibrinolytic activity of the blood[11,14] a suppression of procoagulant factors[15] and may assist in the reversal or prevention of fibrinolytic shutdown.

Recent guidelines[3] published by The American College of Obstetricians & Gynecologists recommend that intermittent pneumatic devices are used for all women undergoing C-section; they should be fitted before surgery and left in situ until the woman is mobile or until anti-coagulant medication is commenced.

Use of Flowtron Systems in clinical practise has established high levels of clinical and cost efficacy combined with excellent patient concordance and freedom from adverse effects[16-22].

C-section is an independent risk factor and nearly doubles a woman's risk[1]

For patients with multiple risk factors undergoing C-section, both Intermittent Pneumatic Compression and pharmacological prophylaxis may be required[3]



The use of IPC addresses 2 of the 3 parts of Virchow's Triad

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The recently published American College of Obstetrics & Gynaecology Guidelines on Thromboembolism in Pregnancy[3] highlight that:

Use of Intermittent Pneumatic Compression is a safe, recommended and cost effective intervention

Intermittent Pneumatic Compression is recommended for all women not already receiving thromboprophylaxis undergoing C-section. The devices should be fitted before surgery and left in situ until the woman is mobile or until anti-coagulant medication is commenced

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