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| <b>College *</b>                    | College of Pharmacy   |
| <b>Department *</b>                 | Pharmacy  |
| <b>Title of Research *</b>          | RATE OF SYMPTOMATIC VENOUS THROMBOEMBOLISM FOLLOWING TOTAL HIP OR KNEE REPLACEMENT SURGERY  |
| <b>Other Authors *</b>              | Heather R. Bream-Rouwenhorst, Pharm.D., BCPS, Matthew Cantrell, Pharm.D., BCPS, Robert Shaw, Pharm.D., MPH, BCPS, Jason A. Egge, Pharm.D., M.S, BCPS  |
| <b>Introduction &amp; Purpose *</b> | <p>There is no consensus regarding anticoagulation for preventing venous thromboembolism (VTE) following total hip replacement (THR) and total knee replacement (TKR). Identifying thrombotic rates among veterans who undergo hip and knee replacement dependent on the prophylactic method may improve quality of care.</p> <p>The primary objective assessed the VTE rate in veterans started on aspirin, warfarin, low-molecular-weight heparin (LMWH), or no pharmacologic prophylaxis following THR or TKR. Secondary objectives examined dose and duration of treatment, time to desired INR (with use of warfarin), prevalence of mechanical prophylaxis, and incidence of major bleeding events.</p> |
| <b>Experimental Design *</b>        | This retrospective study identified patients hospitalized for THR or TKR from June 2005 through June 2010 at the Iowa City Veterans Affairs Medical Center. Patients were randomly selected.  |
| <b>Results *</b>                    | A total of 583 patients underwent TKR or THR during the study period. Among the randomly selected remaining 256 subjects, two received no pharmacologic prophylaxis and two received LMWH. A comparison was made only between warfarin and aspirin. Nine subjects (5.0%) in the aspirin group (n = 181) and one subject (1.4%) in the warfarin group (n = 71) developed a symptomatic VTE (p = 0.291). Major bleeding was experienced by 64 patients in the aspirin group (35.4%) and 23 patients in the warfarin group (32.4%) (p = 0.656).  |
| <b>Conclusions *</b>                | There was an approximately four-fold increased incidence of symptomatic VTE in patients receiving aspirin compared to warfarin. The rate of bleeding events was comparable between groups. Additional larger studies need to be conducted to detect a significant difference.   |

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