

Abstract

Objectives: Venous Thromboembolism (VTE) is an important cause of morbidity and mortality amongst patients who undergo major orthopaedic surgical procedures. The perioperative use of thromboprophylactic agents with or without mechanical compression has demonstrated significant lowering of the incidence of VTE among post-operative patients. Various pharmacological and mechanical agents are available locally in both oral and injection forms but there are no standard guidelines or a consensus statement on their utilization. This is the case despite there being a gradual rise in the number of patients who undergo hip and knee replacement surgery in Kenya. The purpose of this paper is to review the current approaches being used to reduce post hip and knee replacement incidences of VTE as recommended by various external guidelines for benchmarking purposes in the Kenyan context.

Data Sources: This article relies on published scientific data from various online resources including journals and electronic databases.

Data selection and extraction: The data that is cited in this article has been referenced from health publications that are available online through internet literature search and googling Cochrane review, Pub Med, MedScape and Medline websites.

Conclusions: The use of mechanical and pharmacological methods to prevent VTE following major orthopaedic surgery is recommended and practiced worldwide. The choice of the prophylactic regimes should be adapted to patient needs taking into consideration their risk profiles for bleeding and development of VTE as well as the availability and access to the prophylactic treatment. Several countries have developed VTE prevention guidelines in line with international practice and adapted them to their local situations. In the Kenyan context a gap remains for development of local VTE prevention guidelines that will inform and enable clinicians to make rationale choices while selecting appropriate VTE prevention measures.