



### 1. Evidence

- Evidence-based research that supports decision-making to prevent venous thromboembolism (VTE) – also known as blood clots in the veins – in patients undergoing several different kinds of major surgical procedures requiring hospitalization.



### 2. Evidence

- Before prevention measures were put into place, VTE was a common cause of death in surgery and even with such measures, blood clots can be fatal.
- Prevention of VTE is used as an important factor in assessing and measuring the quality of surgical care delivered by hospitals.
- The guidelines focus on the outcomes that are most relevant and important to patients.



### 3. Stakeholders

- **Hematologists:** Along with other consultants who may be tapped to provide counsel about prevention of VTE following different types of surgery.
- **Surgeons:** Those seeking the latest information on recommended types of prevention and the timing of prevention methods.
- **Hospital Systems:** VTE prevention is a common quality benchmark for the authoritative bodies who accredit hospitals.

**Patients:** Patients undergoing major surgical procedures requiring hospitalization after surgery to understand the risk of developing clots and the various types of prevention methods recommended for specific kinds of surgery.



### 4. Key Considerations

- Not all surgery requires measures to prevent blood clots, and the guidelines make recommendations for circumstances when the risks associated with potential bleeding may outweigh the benefits.
- The risks of blood clots associated with surgery depend on multiple factors including patient characteristics and the type of surgery. The panel made recommendations based on these factors. This includes when to consider prevention, and which type might be the most suitable – mechanical or pharmacologic.

## Appendix 1: Key Considerations