

Aspirin may prevent DVT and PE in joint replacement patients

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Following a total joint replacement, anticoagulation (blood thinning) drugs can prevent Deep Vein Thrombosis (DVT), a blood clot deep within the extremities, or a pulmonary embolism (PE), a complication that causes a blood clot to move to the lungs. However, prolonged use of these therapies may increase the risk of hemorrhage and infection.

In the study, "Aspirin was Effective to Prevent Proximal DVT and PE in TKA and THA - Analysis of 1,500 Cases," presented today at the 2012 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS), investigators performed a venography, a test for DVT, before and after knee or hip surgery on 1,500 patients. All patients used a foot pump and wore an elastic stocking immediately after surgery. In addition, each patient took a regular dose of aspirin beginning two days post-surgery.

The incidence of DVT was 19.2 percent (32.7 percent in total knee replacement and 5.6 percent in total hip replacement patients) which is below normal. None of the PE cases were fatal or severe, and there were no complications caused by the aspirin. Age and a high patient [body mass index](#) (BMI) were among the factors associated with a higher risk for DVT. Aspirin, along with the use of stockings and a foot pump, are safe and effective therapies in preventing DVT and PE in most joint replacement patients. Patients at high risk for DVT made require the use of [anticoagulation](#) therapies.

Provided by American Academy of Orthopaedic Surgeons

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