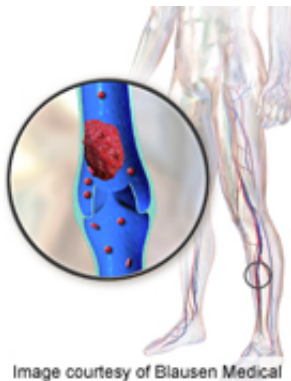


# Higher risk of VTE in CKD surgical patients on enoxaparin

June 8 2012

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For patients with chronic kidney disease who undergo total hip replacement, the rate of major venous thromboembolism is significantly higher in those treated with enoxaparin compared to those treated with desirudin, according to a study published online June 4 in the *Journal of Thrombosis and Haemostasis*.

(HealthDay) -- For patients with chronic kidney disease (CKD) who undergo total hip replacement (THR), the rate of major venous thromboembolism (VTE) is significantly higher in those treated with enoxaparin compared to those treated with desirudin, according to a study published online June 4 in the *Journal of Thrombosis and Haemostasis*.

Andrew F. Shorr, M.D., M.P.H., of the Washington Hospital Center in the District of Columbia, and colleagues conducted a post-hoc subgroup analysis of a multicenter, randomized, double-blind study of 577 patients

with stage 3B or worse CKD who were treated with desirudin or [enoxaparin](#) after elective THR. Thrombosis and bleeding outcomes were assessed for participants who received desirudin, 15 mg twice daily, or enoxaparin, 40 mg/day, administered subcutaneously.

The researchers found that the proportion of patients who experienced a major VTE was significantly higher in the enoxaparin group versus the desirudin group (11.1 versus 3.4 percent; model-adjusted odds ratio, 3.52). The rate of major bleeding did not differ significantly between groups, regardless of patient renal function.

"CKD has been reported previously to increase the risk of bleeding with anticoagulants and these findings suggest that CKD may also increase risk of major VTE for patients treated with enoxaparin, but not for patients treated with desirudin," the authors write. "Clinicians should consider the impact of CKD on risk of VTE when choosing a prophylaxis agent."

Several authors disclosed [financial ties](#) to Canyon Pharmaceuticals Inc., which funded the study and manufactures desirudin.

**More information:** [Abstract](#)  
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