

# Chemoprophylaxis found to be safe after spine trauma surgery

July 22 2013

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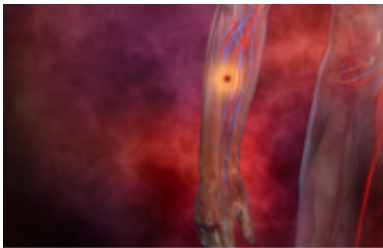


Image courtesy of Blausen Medical

Thromboembolic chemoprophylaxis seems to be safe and efficacious in at-risk trauma patients having spinal stabilization surgery, according to a retrospective review published in the July 15 issue of *Spine*.

(HealthDay)—Thromboembolic chemoprophylaxis seems to be safe and efficacious in at-risk trauma patients having spinal stabilization surgery, according to a retrospective review published in the July 15 issue of *Spine*.

Lloydine J. Jacobs, M.D., from the University of Pittsburgh Medical Center, and colleagues retrospectively reviewed cases of 227 patients with spinal trauma who underwent surgical stabilization (2009 and 2010) at a single level 1 trauma center. Patients who underwent solely decompressive procedures, non-instrumented fusions, or [kyphoplasty](#) were excluded.

The researchers found that 56 patients were not treated with chemoprophylaxis and 171 were treated. Postoperative thromboembolism was seen in eight patients in the untreated group (14.3 percent) and 12 patients in the treated group (7 percent;  $P = 0.096$ ), while [pulmonary embolism](#) occurred in one and four patients, respectively. One untreated patient and 5.3 percent of the treated group required surgical irrigation and debridement for wound drainage. No epidural hematomas were seen in either group. More spinal levels were fused ( $P = 0.46$ ) and significantly higher injury severity scores ( $P = 0.001$ ) and longer hospitalizations ( $P = 0.018$ ) were seen in the treated group. Significantly higher body mass indexes ( $P = 0.01$ ), injury severity scores ( $P = 0.001$ ), number of spinal levels fused ( $P = 0.004$ ), incidence of neurological deficits ( $P = 0.001$ ), and longer hospitalizations ( $P = 0.16$ ) were seen in patients who developed postoperative thromboembolism.

"The use of [chemoprophylaxis](#) appears to be safe in at-risk patients in the immediate postoperative period after spinal trauma surgery," the authors write.

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