

Post-op prophylactic heparin poses very low bleed risk

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(HealthDay)—The risk of hemorrhage seems to be very low when prophylactic low-molecular-weight heparin (LMWH) is initiated 24 to 36 hours after degenerative spine surgery but the associated venous thromboembolism (VTE) risk is considerable, according to research published in the Nov. 1 issue of *Spine*.

To assess the safety and efficacy of prophylactic LMWH, Russell G. Strom, M.D., and Anthony K. Frempong-Boadu, M.D., from the New York University Langone Medical Center in New York City, retrospectively reviewed the operative reports for 367 [cases](#) of cervical and lumbar laminectomy from 2007 to 2011, excluding single-level decompressions without fusion and all nondegenerative cases. Throughout admission, mechanical prophylaxis was used, and on postoperative day one, prophylactic LMWH was started.

The researchers found that VTE risk factors were common, including being over age 60 years, smoking, and obesity. There were no cases of postoperative hemorrhage in [patients](#) receiving LMWH 24 to 36 hours after surgery. Acute VTE was diagnosed in 14 (3.8 percent) of the nearly half of all patients who underwent lower extremity ultrasonography or chest computed tomography.

"Larger, prospective studies are needed to assess the safety of early delayed LMWH administration more definitively," the authors conclude. "Even with aggressive prophylaxis, patients undergoing fusion or multilevel laminectomy for degenerative disease are at significant risk for VTE."

More information: [Abstract](#)
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