

DVT: WEIGHING the Risks

If you've been on a plane recently, you may have been told to exercise during the flight to prevent deep vein thrombosis—a potentially serious blood clot. But according to Lahey's Nicholas Tsapatsaris, MD, this condition is much more likely to affect people who have been inactive because of illness—especially if they have other risks for it.

“Being sick, being hospitalized or having your clotting system activated by surgery creates a high-risk situation,” says Tsapatsaris, a vascular medicine specialist.

While most blood clots are harmless, deep vein thrombosis (DVT) blocks blood flow in a deep vein, such as in the calf. If a clot breaks away and travels through the bloodstream to the lungs—a condition known as pulmonary embolism (PE)—it can be life threatening.

The Surgical Care Improvement Project (SCIP), a national quality initiative, includes DVT prevention as a major goal. As part of the project, surgical teams at Lahey have developed guidelines for assessing DVT risk in every patient having surgery.

Clinicians compile a patient's “risk score” by weighing factors such as age, the type of surgery, and the presence of other medical conditions. The score determines whether preventive treatment (prophylaxis) is needed and what type is appropriate. Options range from stockings that promote circulation by inflating and deflating to small doses of blood thinner.

“Nationally, when you look at the number of patients who should be receiving prophylaxis who actually are receiving it, the rates vary widely, from 30 percent to maybe 70 percent,” Tsapatsaris says. “Since the SCIP project started at Lahey, we've found our rates are better than average—about 99 percent.”

Tsapatsaris is principal investigator at Lahey for a similar project involving all hospitalized patients—not just those having surgery. Patients admitted to the hospital for cancer, heart failure, pneumonia or acute respiratory problems, or active arthritis are at increased risk of DVT.

“There is some controversy about the benefits of prophylaxis in these patients,” Tsapatsaris says. “There haven't been as many clinical trials with medical patients as with surgical patients. But we know there are high-risk medical patients, and they're a major undertreated segment nationally.”

The study, called the Physician Alerts Trial, is sponsored by the National Institutes of Health. It is specifically looking at the benefit of physician-to-physician communication about DVT risk. Physicians who have patients found to be at risk for DVT will be randomly selected to receive phone calls alerting them of the risk and informing them about preventive treatment. Patients' records will subsequently be reviewed to see if preventive treatment was ordered. Three months later, the researchers will check the patients' records for the presence of DVT or complications from blood clots.

“It's really to get an idea of whether an alert system leads to better outcomes,” Tsapatsaris says. “We believe an emphasis on this group of people will reduce deaths from PE.”

To read more about DVT, visit our Web site at www.lahey.org/heart/dvt.

Warning Signs of DVT

- Pain, tenderness or swelling in the leg
- Discoloration or visibly large veins
- Skin that is warm to the touch

Warning Signs of PE

- Shortness of breath
- Sharp chest pain, particularly when inhaling



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Lahey Clinic
41 Mall Road
Burlington, MA 01805-0105

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