COMPLICATIONS OF VTED IN FOOT AND ANKLE SURGERY
Christopher W. DiGiovanni, MD
(a – Biomimetic
b – Biomimetic
e – Biomimetic)

Educational Goals:

1. Complication rates associated with VTED in foot and ankle surgery remain poorly defined, but, based on available literature, are seemingly and fortunately uncommon.

2. The study of and science behind VTED in foot and ankle patients, however, does not compare to that of our hip and knee patients, and it is unclear if we can effectively extrapolate from that data pool for our patient population.

3. Current guidelines meant to help us determine who should and who should not be prophylaxed in our subspecialty typically have not been formulated from data on our subspecialty of patients.
   a. This information is becoming, by proxy, however, a ‘gold standard’.
   b. We need to change this, and can only do so via our own research.

4. Multicenter Level I evidence is thus necessary to answer several important questions for us:
   a. Actual incidence of VTED in foot and ankle patients
   b. Proper risk stratification
   c. Risk versus benefit (ie., who to treat, when to treat, what to treat with, how long to treat)
   d. Monitoring of treated patients (ie., when, how, how long)
   e. What should we be more concerned about: not treating, of the risks of treatment?

5. There can be serious complications both from the treatment against (chemoprophylaxis) and the lack of treatment (no prophylaxis) for VTED in foot and ankle patients.
   a. We need to be acutely aware of both.
   b. They can occur as an immediate complication, or as a delayed one.
   c. As yet, we have not yet defined how far out ‘delayed' means.

6. Risks of NO Prophylaxis:
   a. DVT
   b. PE
   c. Post-thrombotic Syndrome
   d. Recurrent DVT
   e. Death

7. Risks of USING Prophylaxis
   a. Hemorrhagic events
   b. HIT
   c. Ineffectiveness (VTED, death)
   d. The Unknown (ie, use of new chemoprophylactic meds, technologies)

8. The Horizon