

ASMBS POSITION STATEMENT ON PROPHYLACTIC MEASURES TO REDUCE THE RISK OF VENOUS THROMBOEMBOLISM IN BARIATRIC SURGERY PATIENTS

The American Society for Metabolic and Bariatric Surgery Clinical Issues Committee
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The following position statement is issued by the American Society for Bariatric Surgery for the purpose of enhancing quality of care in bariatric surgery. In this statement, suggestions for management are presented which are derived from available knowledge, peer-reviewed scientific literature, and expert opinion regarding reasonable use of anticoagulation therapy for bariatric surgery procedures at this time. The intent of issuing such a statement is to provide objective information regarding the use of anticoagulant prophylaxis and its possible role in the prevention of VTE complications. The statement will be revised in the future should additional evidence become available.

Obese patients undergoing bariatric surgery are at increased risk for venous thromboembolism (VTE) and should receive preventive measures in the peri-operative period. Early post-operative ambulation and peri-operative use of lower extremity sequential compression devices are safe and suggested for all bariatric patients when feasible. Unless contraindicated, chemoprophylaxis using various anticoagulant regimens is an important adjunct to these methods which should be routinely administered to bariatric surgery patients. The benefit of routine anticoagulation prophylaxis has been documented in surgical populations at similar increased risk to that of the bariatric population and published statements of expert opinion support the conclusion that anticoagulation be utilized routinely in patients undergoing bariatric surgery unless contraindicated. Reasonable contraindications to anticoagulation include known medication adverse reaction or allergy, heparin-induced thrombocytopenia, coagulation disturbance, the presence of active bleeding or clinical concern for high risk of bleeding. Choice of anticoagulant, dosage regimen, duration of prophylaxis (including prolonged post-discharge administration), as well as the possible role of inferior vena cava filters, remain controversial and recommendations regarding these issues have not been established. The available evidence supports the conclusion that adherence to the current guideline for VTE prevention will reduce but not eliminate VTE as a complication of bariatric surgery.

VTE Position Statement and Standard of Care

This Position Statement is not intended to provide inflexible rules or requirements of practice and is not intended, nor should it be used, to state or establish a local, regional, or national legal standard of care. Ultimately, there are various appropriate treatment modalities for each patient, and the surgeon must use their judgment in selecting from among the different feasible treatment options.

The American Society for Metabolic and Bariatric Surgery cautions against the use of this position statement in litigation in which the clinical decisions of a physician are called into question. The ultimate judgment regarding appropriateness of any specific procedure or course of action must be made by the physician in light of all the

circumstances presented. Thus, an approach that differs from the position statement, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious physician may responsibly adopt a course of action different from that set forth in the position statement when, in the reasonable judgment of the physician, such course of action is indicated by the condition of the patient, limitations on available resources or advances in knowledge or technology. All that should be expected is that the physician will follow a reasonable course of action based on current knowledge, available resources, and the needs of the patient, in order to deliver effective and safe medical care. The sole purpose of this position statement is to assist practitioners in achieving this objective.

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