

Deep vein thrombosis risk factors

Risk group	Estimated risk of calf DVT	Typical neurosurgical patients	Treatment recommendation
low risk	<10%	age <40 yrs, minimal general risk factors, surgery with <30 minutes general anesthesia	no prophylaxis, or PCB/TEDS
moderate risk	10–40%	age ≥ 40 yrs, malignancy, prolonged bed rest, extensive surgery, varicose veins, obesity, surgery >30 minutes duration (except simple lumbar discectomy), SAH, head injury	PCB/TEDS; or for patients without ICH or SAH, mini-dose heparin
high risk	40–80%	history of DVT or PE, paralysis ^b (para- or quadriplegia or hemiparesis), brain tumor (especially meningioma or malignant glioma)	PCB/TEDS + (in patients without ICH or SAH) mini-dose heparin

VT = [deep venous thrombosis](#), PCB = [pneumatic compression device](#), TEDS = TED ([thromboembolic disease](#)) Stockings®, ICH = [intracerebral hemorrhage](#), SAH = [subarachnoid hemorrhage](#)

see [Wells' Score for risk of DVT](#).

Despite the uniform application of mechanical DVT prophylaxis and the use of chemoprophylaxis in a majority of patients, Dermody et al found a 23% incidence of DVT in hospitalized, nonambulatory, neurosurgical patients. No patients with isolated calf DVT had an embolic complication but 13.3% progressed proximally in short-term follow-up. While chemical prophylaxis significantly reduced DVT risk, no factor was sufficiently predictive to exclude patients from screening. These data substantiate the importance of full leg venous duplex ultrasound (VDUS) screening and maximizing DVT prophylaxis in this high-risk population ¹⁾.

¹⁾

Dermody M, Alessi-Chinetti J, Iafrati MD, Estes JM. The utility of screening for deep venous thrombosis in asymptomatic, non-ambulatory neurosurgical patients. J Vasc Surg. 2011 May;53(5):1309-15. doi: 10.1016/j.jvs.2010.10.115. Epub 2011 Jan 7. PubMed PMID: 21215569.

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