Preventing venous thromboembolism in patients undergoing ophthalmic procedures

The Department of Health has recently launched an initiative to reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE) by making the provision of VTE prophylaxis to patients admitted to hospital a pre-condition for hospitals to receive Commissioning for Quality and Innovation (CQUIN) payments[1]. This has led some trusts to require eye departments to undertake VTE risk assessments even on patients who undergo day-case cataract surgery under local anaesthetic.

This statement reviews existing guidance on VTE prophylaxis in relation to ophthalmic surgery.

The House of Commons Health Select Committee enquiry into VTE, which reported in 2005 accepted expert evidence which indicated that about 25,000 deaths per year can be attributed to VTE and that VTE is the immediate cause of death in 10% of patients who die in hospital[2].

The incidence of symptomatic VTE following ophthalmic procedures recorded in Hospital Episode Statistics is 0.02%[3]. Although this data is not broken down by surgical procedure, it seems likely that longer ophthalmic procedures carry a higher risk than short procedures, particularly where general anaesthesia is used as the duration of immobilisation is an important risk factor. The Department of Health has introduced a risk assessment form for VTE[4] and has recommended that this should be used for surgical patients being admitted to hospital.

The great majority of patients undergoing cataract surgery have local anaesthesia without sedation as a day-case procedure. The time period during which the patient's mobility is constrained from its usual level is normally limited to the duration of the surgery itself – typically less than 30 minutes.

Fortunately, there is scope for exemption for groups of patients as detailed in the Guide to VTE prophylaxis, (*http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116319.pdf*), ***FAQ's number 10, from the DoH and the further communication from Professor Sir Bruce Keogh paragraphs 4 and 5*** (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_116320.pdf).

These explain that ***individuals in a cohort of patients can be excluded from assessment for prophylaxis so long as the result of that assessment would be that no prophylaxis would be required for any patient in the group.*** *We believe that this would apply to adult patients undergoing routine cataract surgery under local anaesthesia. There may be other groups (eg patients undergoing minor plastic surgical procedures under local anaesthesia) to which this would also apply.*

Any patients identified under the above criteria and included in a cohort will still be counted as individual hospital admissions and must therefore be included in the returns hospitals make to PCT's. A nil return is not allowed

Cohorts identified by clinicians must be approved by the Trust Medical Director and notified/approved by the SHA medical director

Unfortunately there are, as yet, ***no*** *National Exemption Criteria for any specific patient group. Therefore ophthalmologists are advised that they must negotiate the above on an individual local Trust basis.*

The above applies to England. We are unsure of the arrangements in other countries in the Union. Ophthalmologists are advised to check

NICE guidance[5] recommends that VTE risk assessments should be undertaken for patients undergoing general anaesthesia where any risk factor for VTE is present or where the duration of general anaesthesia is more than 90 minutes even where no risk factors are present. In practice, this means that VTE risk assessment will need to be undertaken on any patient over the age of 60 undergoing an ophthalmic procedure under general anaesthesia. VTE risk assessments will also be required for ophthalmic patients undergoing long procedures under local anaesthesia where the patient is required to lie very still for the duration of the procedure (e.g. major vitreoretinal procedures).

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