



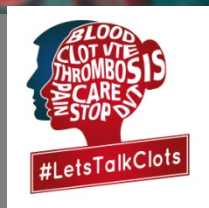
**LET'S TALK CLOTS**  
**NATIONAL CONFERENCES**



# **From NICE cg92 to ng89**

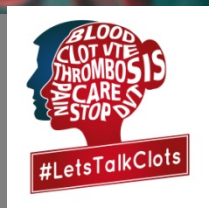
*What changes in practice for a Pharmacist on a surgical ward?*





# Learning outcomes

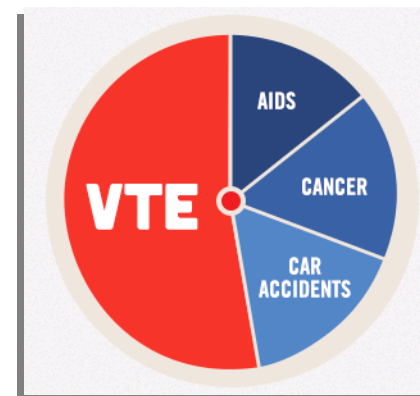
- **Pharmacy team** opportunities of impact on the patient's journey
- Why **thrombosis** is an important area to focus on
- Impact of **NG89** on the activity of our ward
- Impact of our **thrombosis committee** on the VTE rate and patient safety



# Pharmacist's role on a ward and why **thrombosis** is a priority?

- **Opportunities for intervention:**

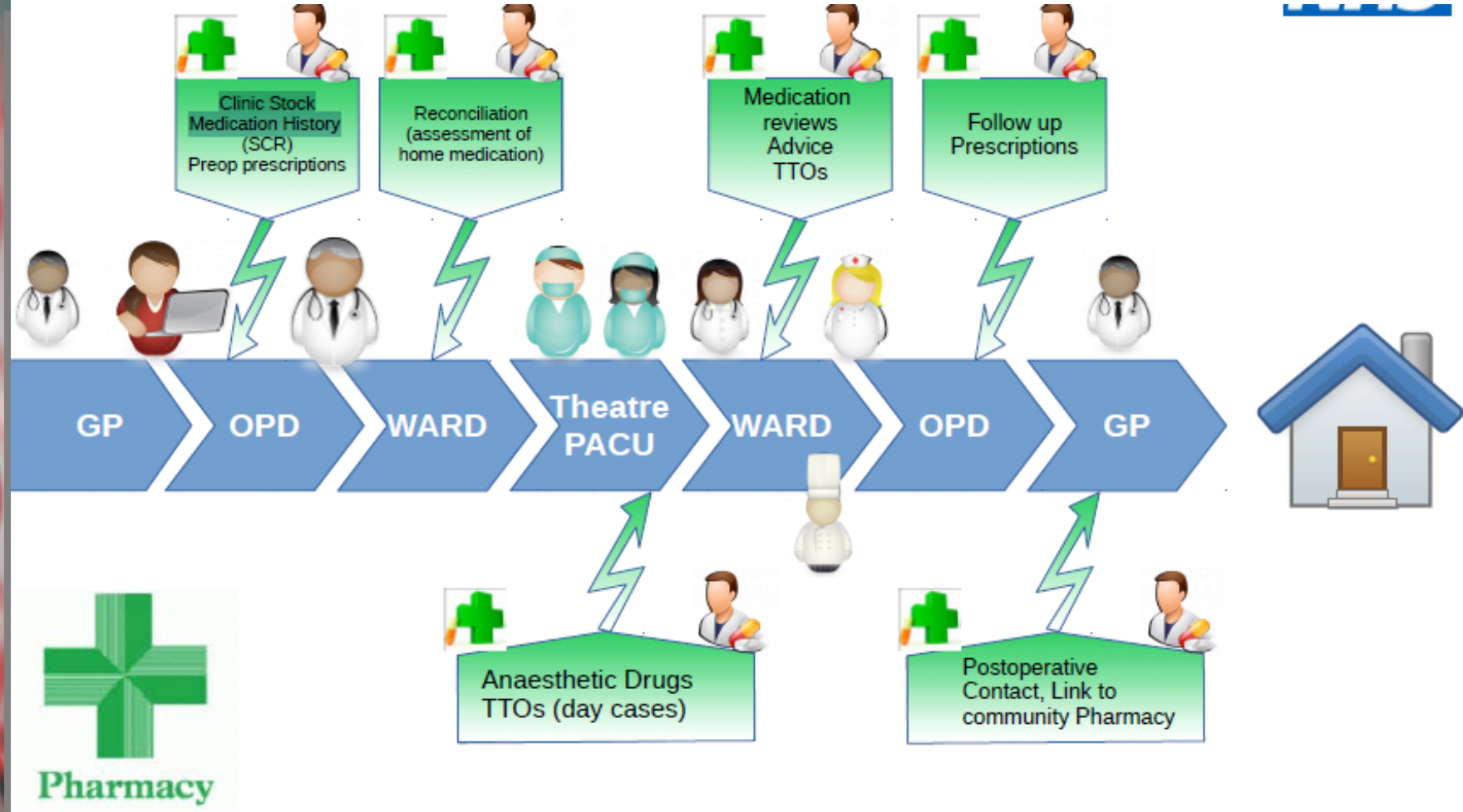
- Clinical screening of prescriptions
- Medicine reconciliation
- Ward round with the MDT/solo
- Discharge medication

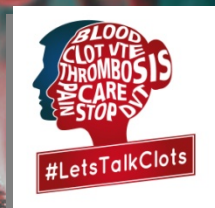


- **Thrombosis** is the 1<sup>st</sup> preventable cause of death at hospital

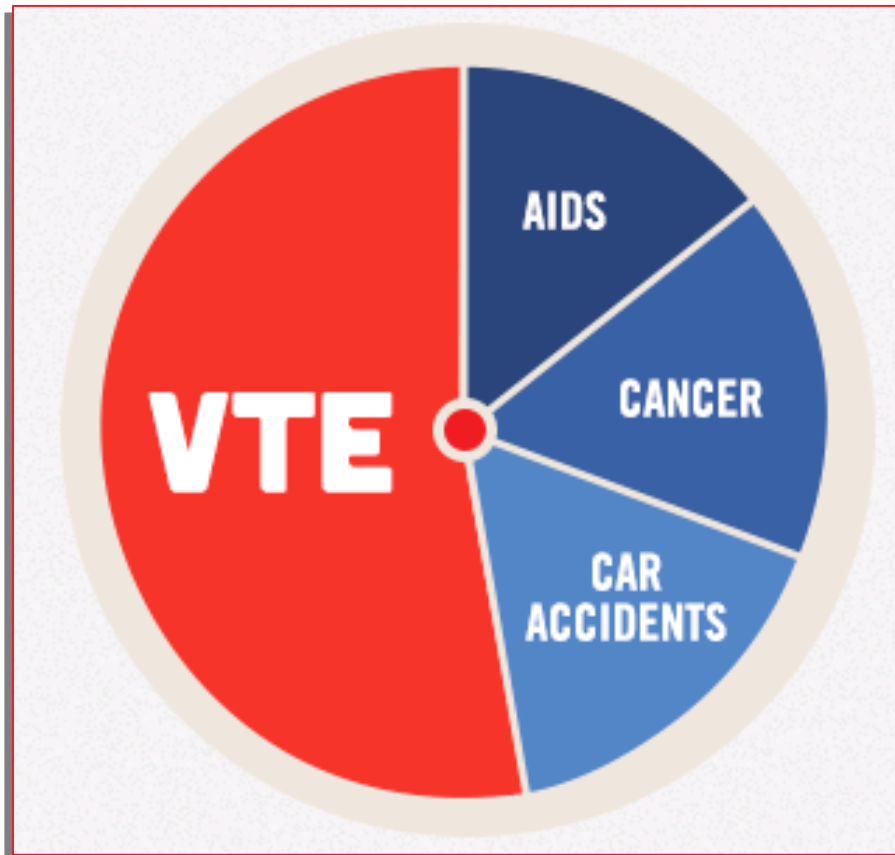


# Opportunities for Pharmacy teams to have an impact on **thrombosis**

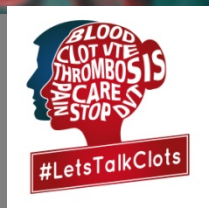




# Why I chose **thrombosis** as a priority?



Up to **60%**  
of all VTEs are  
hospital-associated



# Our settings and surgical specialities

- 2 Sites: Emersons Green Bristol and Devizes
- Emersons: Day cases and inpatients (33 beds)
- Devizes: Day cases only



General surgery



Dental



Ear, nose and throat



Endoscopy



Eye



Foot



Gynaecology



Hand and wrist



Hip



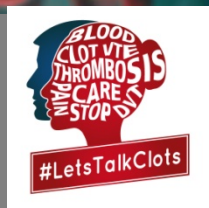
Knee



Radiology



Urology



# From NICE CG92 to NG89: timeline

- **2006: APPG** (All Party Parliamentary Group)
- **2010: First NICE guideline CG92**
- **2015: Brief review** (Care-UK HC44)
- **2018: Major review** (indirect Care-UK input)
- ~~CG92~~ renamed **NG89**



Venous thromboembolism in over 16s:  
reducing the risk of hospital-acquired  
deep vein thrombosis or pulmonary  
embolism

NICE guideline  
Published: 21 March 2018  
[nice.org.uk/guidance/ng89](https://www.nice.org.uk/guidance/ng89)

# The impact of NG89 per speciality



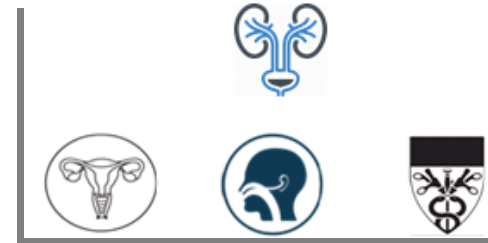
## Orthopaedics

- Elective Total Knee Replacement (TKR)
- Elective Total Hip Replacement (THR)
- Unilateral Knee Replacement and ACL
- Foot and ankle surgery



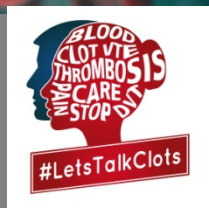
## Abdominal surgery

- Gastrointestinal surgery (hernias, Laparoscopic cholecystectomy)
- Gynaecological surgery (major)
- Urology surgery (major )



## ENT





# Total knee arthroplasty

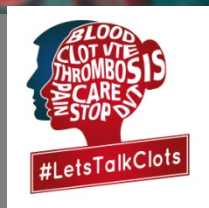


- Choice of **aspirin dose**: 75mg or 150mg?
- Which patient suitable for which agent?
- How can the Pharmacy team support prescribers?

## Elective knee replacement

1.5.11 Offer VTE prophylaxis to people undergoing elective knee replacement surgery whose VTE risk outweighs their risk of bleeding. Choose any one of:

- aspirin<sup>[7]</sup> (75 or 150 mg) for 14 days.
- LMWH<sup>[8]</sup> for 14 days combined with anti-embolism stockings until discharge.
- Rivaroxaban<sup>[9]</sup>, within its marketing authorisation, is recommended as an option for the prevention of venous thromboembolism in adults having elective total hip replacement surgery or elective total knee replacement surgery. [This text is from [rivaroxaban for the prevention of venous thromboembolism after total hip or total knee replacement in adults](#) (NICE technology appraisal guidance 170).] [2018]



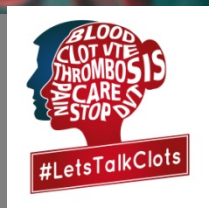
# HIP arthroplasty

- Hybrid course with patient home with aspirin and clexane -> potential risk
- Total duration 38 days -> unusual duration

## Elective hip replacement

1.5.8 Offer VTE prophylaxis to people undergoing elective hip replacement surgery whose risk of VTE outweighs their risk of bleeding. Choose any one of:

- LMWH<sup>[5]</sup> for 10 days followed by aspirin<sup>[7]</sup> (75 or 150 mg) for a further 28 days.
- LMWH<sup>[5]</sup> for 28 days combined with anti-embolism stockings (until discharge).
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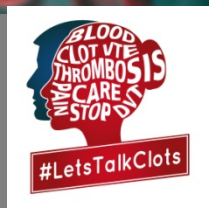
# Foot and ankle surgery

- Importance of assessment
- Balance the risk of VTE vs. risk of bleeding
- Consider local population
  - Our retrospective: 2 VTE were foot surgery

## Foot and ankle orthopaedic surgery

1.5.17 Consider pharmacological VTE prophylaxis for people undergoing foot or ankle surgery:

- that requires immobilisation (for example, arthrodesis or arthroplasty); consider stopping prophylaxis if immobilisation continues beyond 42 days (see recommendation 1.5.4) or
- when total anaesthesia time is more than 90 minutes or
- the person's risk of VTE outweighs their risk of bleeding. [2018]



# Abdominal surgery



- “Intermediate” risk surgery -> 7 days of LMWH
- No more single shot of LMWH...

## Abdominal surgery

1.5.37 Offer VTE prophylaxis to people undergoing abdominal (gastrointestinal, gynaecological, urological) surgery who are at increased risk of VTE. For people undergoing bariatric surgery, follow recommendations 1.5.41–1.5.43. [2018]

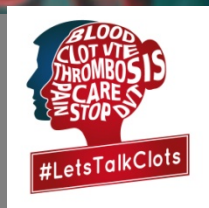
1.5.38 Start mechanical VTE prophylaxis on admission for people undergoing abdominal surgery. Choose either:

- anti-embolism stockings or
- intermittent pneumatic compression.

Continue until the person no longer has significantly reduced mobility relative to their normal or anticipated mobility. [2018]

1.5.39 Add pharmacological VTE prophylaxis for a minimum of 7 days for people undergoing abdominal surgery whose risk of VTE outweighs their risk of bleeding, taking into account individual patient factors and according to clinical judgement. Choose either:

- LMWH<sup>[5]</sup> or
- fondaparinux sodium<sup>[5]</sup>. [2018]



# Some important additions/precisions

- how people can reduce their risk of VTE (such as keeping well hydrated and, if possible, exercising and becoming more mobile). [2018]

Hydrate and keep mobile



- the importance of seeking help if DVT, pulmonary embolism or other adverse events are suspected. [2018]

Signs of VTE



- the importance of seeking help and who to contact if people have problems using VTE prophylaxis. [2018]

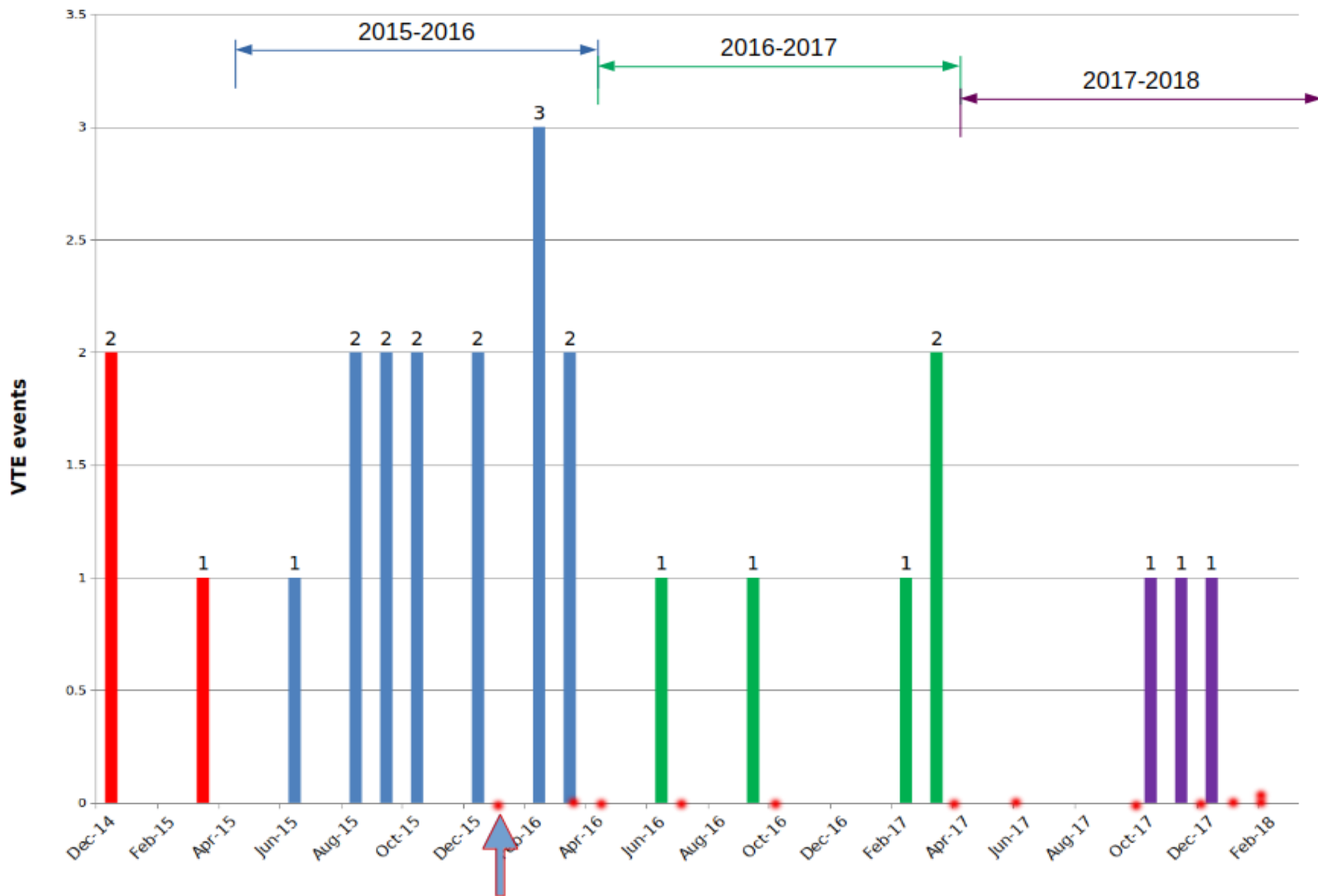
Safety net



## To date: Outcomes following our thrombosis committee's action

- **Monthly communication at Clinical Governance meetings**
- **Direct input in CareUK national guidance**
- **Creation of flowcharts to simplify our national VTE policy**
- **Re-design of our VTE electronic assessment**
- **Significant reduction of VTE event ( $X^2$ , IC 95%)**

# Results so far of our thrombosis committee's action



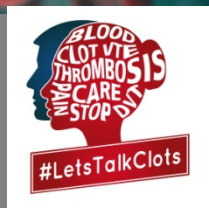


Where we would like to be next (VTE excellence etc...)

- **Follow North Bristol Trust (NBT) into gaining recognition:**
- **VTE exemplar centres**

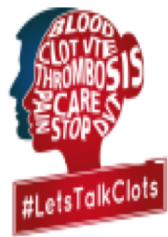






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# LET'S TALK CLOTS

## NATIONAL CONFERENCES



### Team Pharma!

### Thrombosis Committee (since 2016)



 @sjaglin