

# Venous Thromboembolism

## Recent articles, reports

September 2016 – May 2017

### Articles

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[An evaluation of neuromuscular electrical stimulation in critical care using the ICF framework: a systematic review and meta-analysis.](#)

Burke D. *The Clinical Respiratory Journal* 2016;10(4):407-420.

NMES, as an adjunct to current rehabilitation practices in critically ill patients, may maintain muscle strength. However, high-quality studies with longer follow-up periods and standardised outcome measures across all domains of the ICF framework are required.

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[Aspirin reduces cardiovascular events in primary prevention of cardiovascular disease but at a near equivalent risk of increased bleeding](#)

Miedema M D. *Evidence-Based Medicine* 2016;21(6):225 - 225.

The use of aspirin in primary prevention of cardiovascular disease (CVD) remains controversial, as randomised controlled trials (RCTs) have produced mixed results. Recently, the United States Preventive Services Task Force (USPSTF) published updated recommendations on the use of aspirin for primary prevention of CVD and colorectal cancer. This systematic review and meta-analysis served as the basis for these USPSTF recommendations for primary CVD prevention.

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[Heparin for the treatment of thrombosis in neonates.](#)

Romantsik O. *Cochrane Database of Systematic Reviews* 2016;(11):CD012185.

We found no studies that met our inclusion criteria and no evidence from randomized controlled trials to recommend or refute the use of heparin for treatment of neonates with thrombosis.

Freely available online

[Low-density lipoprotein cholesterol goals: still not in patients' best interest](#)

Mayer M. *Evidence-Based Medicine* 2016;21(4):128 - 133.

This article puts forth an overview of the salient issues at hand, important evidence-based considerations, and a conclusion that shifting focus away from LDL-C goals is clearly an evidence-based step in the right direction. Indeed, careful scrutiny of the current evidence base shows returning to LDL-C goals would be a mistake, and we should focus instead on overall cardiovascular risk, medications proven to reduce patient-relevant outcomes, and shared decision-making.

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[Low-dose second-generation oral contraceptives are associated with the lowest increased risk of cardiovascular adverse effects](#)

Lokkegaard E. *Evidence-Based Medicine* 2016;21(6):232 - 232.

These results based on large-scale cohort studies should be implemented in clinical practice. Although serious adverse cardiovascular effects of OCs are rare, physicians can minimise risks by prescribing OCs

with low oestrogen dose that contain the progestogen levonorgestrel whenever possible.  
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### **Patients with coronary heart disease and very low blood pressure are at increased risk of cardiovascular events**

Rahimi K. *Evidence-Based Medicine* 2017;22(2):73 - 73.

CLARIFY reminds us that patients with CHD and very low BP (as well as high BP) are at increased risk of CVD events. However, such patients may still benefit from BP-lowering treatment based on more reliable evidence from meta-analyses of randomised trials that have shown no heterogeneity of effects by baseline BP or between those with or without CHD.

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### **Pharmacomechanical thrombectomy for iliofemoral deep vein thrombosis.**

Robertson L. *Cochrane Database of Systematic Reviews* 2016;(11):CD011536.

There were no randomised controlled trials that assessed the effects of pharmacomechanical thrombectomy versus anticoagulation (alone or with compression stockings), mechanical thrombectomy, thrombolysis, or other endovascular techniques in the management of people with acute DVT of the iliofemoral vein that met the eligibility criteria for this review. Further high quality randomised controlled trials are needed.

*Freely available online*

### **Preoperative exercise therapy in surgical care: a scoping review.**

Pouwels S. *Journal of Clinical Anesthesia* 2016;33:476-490.

Overall, it seems that PET exerts beneficial effects on physical fitness and postoperative outcome measures. Gaps in current literature are the heterogeneity in selected patient populations and outcome measures as well as lack of guidelines on the specific PET regimes.

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### **Restarting oral anticoagulation among patients with atrial fibrillation with gastrointestinal bleeding was associated with lower risk of all-cause mortality and thromboembolism**

Qureshi W T. *Evidence-Based Medicine* 2016;21(4):152 - 152.

Although the study is not a major clinical trial that could change clinical practice, the study does underscore the need for aggressive reassessment of resuming anticoagulation in patients with AF GIB who present with a first episode of GIB. In addition, resuming single antithrombotic treatment appears to be the best approach in such patients.

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### **Risk of vascular events is lower than expected in patients with transient ischaemic attack or minor stroke treated promptly by stroke specialists**

Nolte C H. *Evidence-Based Medicine* 2016;21(4):154 - 154.

Owing to their temporary nature, transient focal neurological deficits may escape both patients' and physicians' attention easily. Nevertheless, urgent evaluation by stroke specialists may reduce the risk of subsequent stroke, myocardial infarction and deaths by timely establishment of secondary prevention measures. Identification and adequate treatment of carotid stenosis is important in particular.

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### **Subclavian site should be preferred for central venous access**

Mourvillier B. *Evidence-Based Nursing* 2016;19(4):126. [Infection, thrombosis and mechanical adverse events are complications of central venous catheterisation. Catheter-related bloodstream infection (CRBI) has a significant impact on morbidity, mortality and health costs. Randomised controlled trials (RCT) found that subclavian access was associated with a lower risk of complications compared to femoral access but no difference between internal jugular and femoral accesses was found for dialysis catheters or in a

pseudorandomised study.

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### [Ultrasound-guided arterial cannulation for paediatrics.](#)

Aouad-Maroun M. *Cochrane Database of Systematic Reviews* 2016;(9):CD011364.[Authors' conclusions: We identified moderate-quality evidence suggesting that ultrasound guidance for radial artery cannulation improves first and second attempt success rates and decreases the rate of complications as compared with palpation or Doppler auditory assistance. The improved success rate at the first attempt may be more pronounced in infants and small children, in whom arterial line cannulation is more challenging than in older children.

*Freely available online*

## Reports

*The following report(s) may be of interest:*

### [NIHR Signal: People prefer shorter compression stockings to prevent blood clots.](#)

NIHR Dissemination Centre; 2016.

<https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000352>

[People having surgery prefer wearing knee length to thigh length compression stockings to prevent deep vein thrombosis (DVT). They are more likely to wear knee length stockings correctly and for the recommended time.]

*Freely available online*

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