

Guidelines

AAOS guidelines

The clinical practice guidelines published in 2009 by the American Academy of Orthopaedic Surgeons (AAOS) regarding the prevention of PE in patients undergoing total hip replacement (THR) or total knee replacement (TKR) included the recommendation of mechanical prophylaxis and early mobilization for all patients. (See Treatment and Medication.)^[6, 7, 8] Recommendations for chemoprophylaxis may be summarized as follows:

- Patients at standard risk for PE and major bleeding should be considered for aspirin, low-molecular-weight heparin (LMWH), synthetic pentasaccharides, or warfarin, with an international normalized ratio (INR) goal of less than or equal to 2.0
- Patients at elevated (above standard) risk for PE and at standard risk for major bleeding should be considered for LMWH, synthetic pentasaccharides, or warfarin, with an INR goal of less than or equal to 2.0
- Patients at standard risk for PE and at elevated (above standard) risk for major bleeding should be considered for aspirin, warfarin with an INR goal of less than or equal to 2.0, or none
- Patients at elevated (above standard) risk for both PE and major bleeding should be considered for aspirin, warfarin with an INR goal of less than or equal to 2.0, or none