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Compression Device Noninferior to Meds Post-Arthroplasty

Last Updated: February 18, 2014.

For patients undergoing lower-extremity arthroplasty, a mobile compression device is noninferior to pharmacological protocols for the prevention of venous thromboembolism, according to a study published in the Feb. 5 issue of *The Journal of Bone & Joint Surgery*.

TUESDAY, Feb. 18, 2014 (HealthDay News) -- For patients undergoing lower-extremity arthroplasty, a mobile compression device is noninferior to pharmacological protocols for the prevention of venous thromboembolism, according to a study published in the Feb. 5 issue of *The Journal of Bone & Joint Surgery*.

Clifford W. Colwell Jr., M.D., from the Scripps Clinic in La Jolla, Calif., and colleagues created a multisite registry to evaluate the rate of symptomatic venous thromboembolic events following primary knee arthroplasty (1,551 patients) or hip arthroplasty (1,509 patients) in 10 sites. Participants (≥ 18 years of age) had no known history of venous thromboembolism, coagulation disorder, or solid tumor. The effectiveness of a mobile compression device, used for a minimum of 10 days, with or without aspirin was compared with current pharmacological protocols for deep venous thrombosis prophylaxis.



Image courtesy of Blausen Medical

Noninferior efficacy in venous thromboembolism prevention versus pharmacological protocol

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The researchers found that 0.92 percent of patients had venous thromboembolism (20 distal deep venous thrombi; three proximal deep venous thrombi; and five pulmonary emboli). In patients who had an arthroplasty of a lower-extremity joint, symptomatic venous thromboembolic rates using the mobile compression device were noninferior (at a margin of 1.0 percent) to reported pharmacological prophylaxis rates (warfarin, enoxaparin, rivaroxaban, and dabigatran). In knee arthroplasty, the mobile compression device fell short of the reported rivaroxaban rate by 0.06 percent.

"The results demonstrated noninferior efficacy in the prevention of venous thromboembolism compared with the most commonly used pharmacological protocol," conclude the authors.

One or more authors received payment or services from a third party in support of this work. One or more authors disclosed a financial relationship with an entity in the biomedical arena.

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