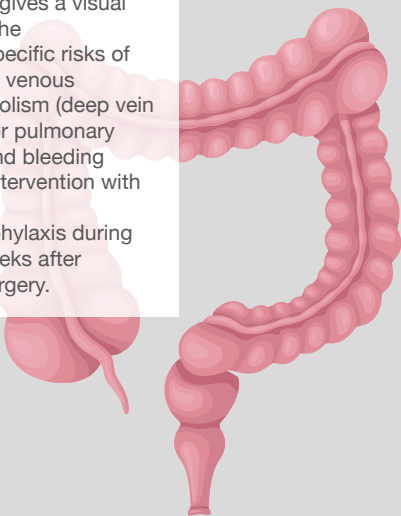
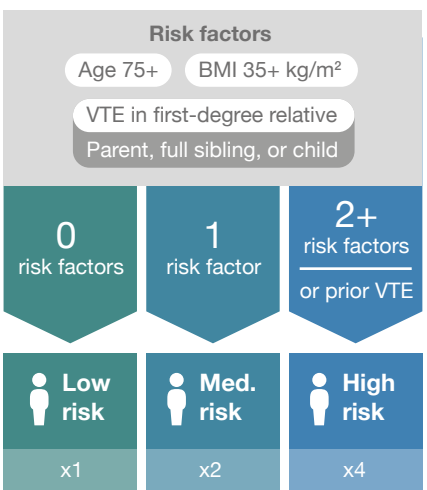


Risk of thrombosis and bleeding in Colorectal surgery

This graphic gives a visual overview of the procedure-specific risks of symptomatic venous thromboembolism (deep vein thrombosis or pulmonary embolism) and bleeding requiring reintervention with and without thromboprophylaxis during the first 4 weeks after colorectal surgery.



Establishing risk of venous thromboembolism (VTE)

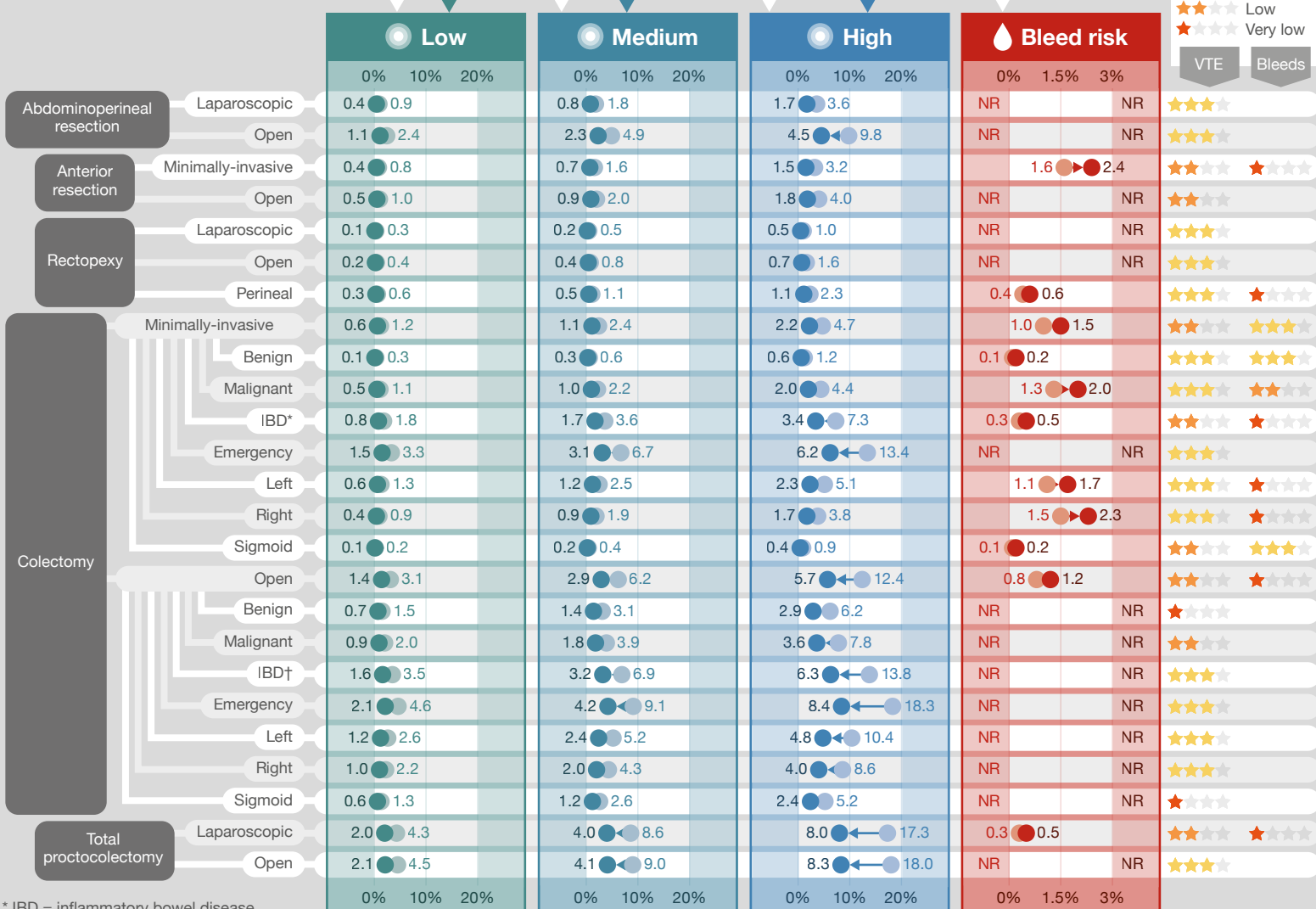
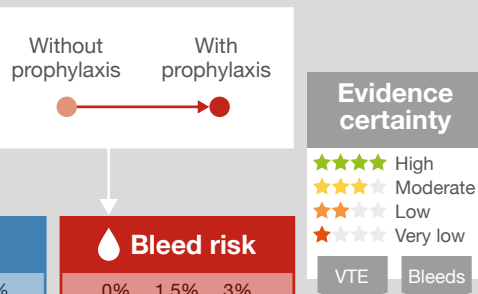


Harms vs benefits

Pharmacological thromboprophylaxis reduces the risk of VTE but increases the risk of bleeding

	VTE risk	Bleed risk
Without prophylaxis	10%	2%
With prophylaxis	5%	3%

With prophylaxis ● ← Without prophylaxis ●



* IBD = inflammatory bowel disease

Procedure-specific risks are first stratified by surgical approach (such as laparoscopic and open; including all indications and urgency levels). Subsequently risks are stratified by indication (such as benign and/or malignant) and/or urgency levels (elective or emergency) when possible