

Risk of thrombosis and bleeding in Upper gastrointestinal and hepatopancreatobiliary surgery

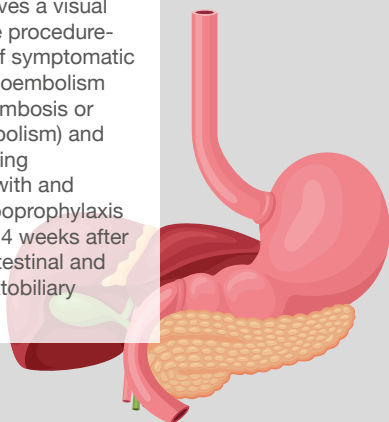


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Produced by ROTBIGGS
and CLUE Working Group

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 upper gastrointestinal and hepatopancreatobiliary surgery



Establishing risk of venous thromboembolism (VTE)

Risk factors

Age 75+ BMI 35+ kg/m²

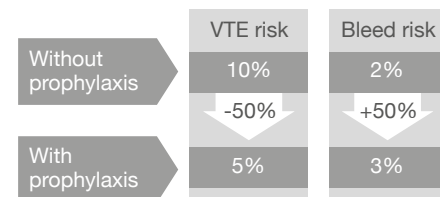
VTE in first-degree relative

Parent, full sibling, or child



Harms vs benefits

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

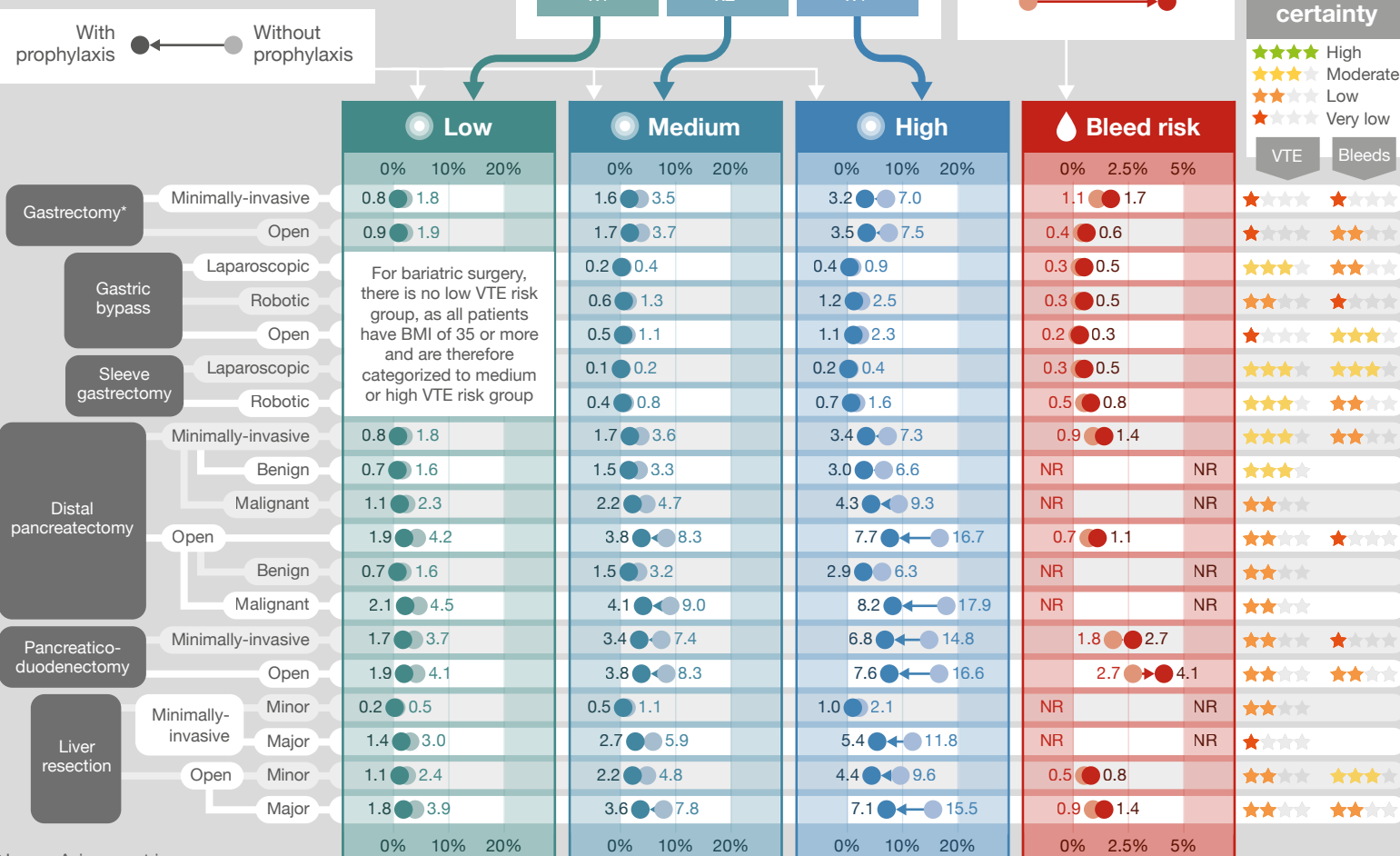


Without prophylaxis → With prophylaxis

Evidence certainty

★★★★ High
★★★ Moderate
★★ Low
★ Very low

VTE Bleeds



* In non-Asian countries

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

Visual summary by
Will Stahl-Timmins