

#### **Background and Introduction**

- Venous thromboembolism (VTE) is a common cause of preventable death in the United States, affecting up to 200,000 Americans annually with approximately 1/3 occurring after surgery<sup>1</sup>.
- VTE rates may be underestimated due to subclinical or delayed presentation, especially in outpatient procedures.
- There are no consensus recommendations for VTE prophylaxis or monitoring in otolaryngology<sup>2</sup>.
- There remains significant heterogeneity in the reported rates of VTE in otolaryngology and evidence for role of monitoring and prophylaxis<sup>3</sup>.

#### Methods and Materials

- A systematic literature review was performed to assess all reported VTE rates in ENT literature.
- A retrospective review of operative otolaryngology patients was performed at two tertiary medical centers (7/2016-12/2022).
- VTEs were categorized into deep venous thrombosis (DVT) or pulmonary embolism (PE), and the surgery that was conducted prior to VTE events occurring was recorded as well as other patient demographics and Caprini scores.



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# Venous Thromboembolism in Otolaryngology

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# Aims

1. Determine current rates of VT stratified by subsp

2. Evaluate risk factors for the de otolaryngologic pro

# Results

#### **Systematic Review**

- 47 studies included in review (n=1 demonstrating an overall VTE rate 2.30%) across all specialties
- H&N patients demonstrated highe while facial plastics lowest rates (C

#### **Retrospective Institutional Review**

- 9871 otolaryngologic procedures tertiary medical centers
- 176 VTE events were identified (1.
- H&N patients demonstrated highe 103/176)

Figure 1.

#### **Average Total Venous**



# **References:**

<sup>1</sup>Gould MK, Garcia DA, Wren SM, et al. Prevention of VTE in nonorthopedic surgical patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest 2012;141(2 Suppl):e227S-277S. <sup>2</sup>Lakhani R, Narwani V, Bromby A, Hilger AW. Venous thromboembolism in ENT surgery: a review of the literature and completed audit cycle of adherence to national guidance. Eur Arch Otorhinolaryngol 2013;270: 2559–2564. <sup>3</sup>Moubayed SP, Eskander A, Mourad MW, Most SP. Systematic review and meta-analysis of venous thromboembolism in otolaryngology-head and neck surgery. Head Neck. 2017 Jun; 39(6): 1249-1258. doi: 10.1002/hed.24758. Epub 2017 Mar 29. PMID: 28370756.

TE in otolaryngology, ecialty evelopment of VTE in cedures	Figure 2. Proportion of Institutio
L,160,889 patients), e of 1.33% (0.17%-	
est VTE rates (3.29%) 0.10%) were reviewed at two 1.78%) est VTE rates (58.5%,	<ul> <li>There remains significative reported VTE rates in a clear consensus on operegimens</li> <li>H&amp;N remains the high development of VTE</li> <li>Despite attempts to que the literature.</li> <li>The identification of rimay help guide clinical</li> </ul>
s Thromboembolism (%	) )
	<ul> <li>Further studies are need factors for the development strategies this population</li> <li>This systematic review VTE in otolaryngology help elucidate improve</li> <li>Further analysis on risk Caprini scores and propinate data will further elucidate clinical decision making</li> </ul>



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## onal VTE by Sub-specialty



Head & Neck (n = 103) Rhinology/ASB (n = 27) Plastics/Trauma (n = 11) Otology/Neurotology (n =18) General ENT (n = 6) Laryngology (n = 6) Pediatric ENT (n =5)

#### Discussion

cant heterogeneity with regards to the otolaryngology literature, with no timal prophylaxis or monitoring

nest risk category with regards to

uantify, VTE may be underreported in

isk factors for development of VTE decision making

# Conclusions

eded to determine common risk oment of VTE in otolaryngology, as nt of optimal monitoring and es to determine the impact of VTE in

is the most comprehensive review of to date, further meta-analysis will ed reported rates k factors including preoperative phylaxis regimens of our institutional late high risk patients that may guide