Thromboprophylaxis in Otolaryngology – Head & Neck Surgery: A Review of the Literature

INTRODUCTION

The pathogenesis of venous thrombosis involves Virchow’s triad: damage to the vessel wall, stasis, and hypercoagulability. Stasis is often observed in patients undergoing surgery due to the immobilization of the limb, and postoperative pain and pressure, and reduction in muscle activity (Scheinberg et al. 1988). The incidence of DVT varies depending on the type of surgery, and postoperative pain and pressure, and reduction in muscle activity (Scheinberg et al. 1988).

The purpose of this study is to discover whether prophylactic interventions reduce the incidence of DVT. To do this, we reviewed articles published since 1997, focusing on the incidence of DVT in head and neck surgery. The search terms used were “venous thromboembolism,” “deep vein thrombosis,” and “thromboprophylaxis.”

METHODS

A search for publications related to thromboprophylaxis with respect to head and neck surgery was conducted using the MEDLINE database. The following key words were used: “thromboprophylaxis,” “thromboembolism,” and “venous thromboembolism.” The search was limited to articles published in English since 1997.

RESULTS

We identified 6 articles published since 1997 that reported the incidence of DVT in head and neck surgery. Three articles were retrospective studies, and the other three were prospective studies. The overall incidence of DVT in head and neck surgery was reported to be 0.3%.

CONCLUSION

Further studies are needed to evaluate the efficacy of prophylactic interventions in reducing the incidence of DVT in head and neck surgery.