

## Dangerous Clots

### **“Thrombosis Prophylaxis” Expert Group founded: preventing thromboses through clearer recommendations**

**Cologne/Starnberg 25 November 2011** – The “Thrombosis Prophylaxis” Expert Group was founded yesterday at the Interdisciplinary Wound Congress in Cologne. The team of experts, led by Professor Christian Waydhas, Head of the Intensive Care Unit at Essen University Hospital, wants to shed more light on effective thrombosis prevention, given the high incidence of thrombosis (affecting 0.2 percent of the population) and up to 40,000 deaths each year. The working party, which comprises lawyers and health economists in addition to doctors and scientists, wants to differentiate more closely between the benefit/risk assessments in terms of therapeutic measures and propose clear-cut recommendations.

The current state of the scientific art leaves many questions unanswered. The current S3 guideline is not applicable to all patients, emphasises Professor Waydhas, who was involved in developing the said guideline. “Special circumstances, which have not been taken into account, affect approximately 20 percent of patients. Adjustment in line with individual conditions is therefore essential. However, this is not the only way forward”. The administration of blood thinners (anticoagulants) must also be weighed against the individual risk of haemorrhaging in all other patients. Current discussions on deaths due to the blood thinner, Pradaxa, which is also administered in thrombosis prophylaxis, highlight the conflicting areas in which doctors have to make their decisions.

Cases where thromboses often go unrecognised, or patients are not treated in accordance with guidelines, pose further problems. For instance, many clinics have completely removed thrombosis prophylactic stockings from their post-surgical treatment portfolio due to cost implications, despite the fact that, according to the S3 guideline, this form of therapy is expressly recommended following certain procedures including abdominal, pelvic and vascular surgery.

### **Guidelines do have legal relevance, even when they are “only” recommendations.**

Whether a hospital adheres to the guidelines can have legal repercussions in certain circumstances. According to Professor Volker Großkopf, who specialises in medical liability law, hospitals that generally refuse to provide patients with thrombosis prophylaxis stockings, possibly on financial grounds, are in statutory violation of the law. The S3 guideline on thrombosis prophylaxis, which is initially only a “recommendation”, may become mandatory in the event of a patient complaint. According to Großkopf, in the worst case scenario the hospital must prove that due diligence was shown to the patient and that it acted in accordance with current nursing and medical requirements in terms of science and research. “If, as a matter of principle, the hospital ignores certain recommendations stated in the guideline representing current scientific knowledge and research, then it could be guilty of violating its duty of care”. On the other hand, the hospital is also required to operate with optimum cost efficiency, conceded Großkopf. “Furthermore, as regards thrombosis prophylaxis, doctors are torn between operating in accordance with the efficiency principle and maintaining their duty of care – and it is not always easy to strike that balance”. Therefore, the lawyer always advises that adequate justification be given if the treatment specifications stated in the S3 guideline cannot be followed for patient-specific reasons. In view of the uncertainty between doctors and hospitals, the expert group wants to shed light on legal “grey areas”.

### **1.6 billion to treat post-thrombotic syndrome**

Moreover, the expert group wants to highlight the health economic relevance of thrombosis as a “widespread disease”. Approximately five percent of the population are affected by post-thrombotic syndrome (long-term damage to the deep vein system following thrombosis). As a rule, those affected are generally unfit for work for two months of the year and retire eight years early. Between six and eight percent of subjects develop *Ulcus cruris*. Health economist Professor Wilfried von Eiff estimates that it costs the health service 1.6 billion Euros each year solely to treat patients with post-thrombotic syndrome. “The burden weighs heavily on the health economy and it is clearly evident that there is no way around improved thrombotic prevention”.

### **About thrombosis**

Thrombosis is the occlusion of a blood vessel through a blood clot – the so-called thrombus. Deep leg and pelvic veins are mostly affected. The risk of a clot becoming dislodged and travelling to the pulmonary arteries in the blood stream is considerable in this particular region of the body. This leads to a dreaded pulmonary embolism, which can result in cardiac arrest due to the sudden exertion placed upon the heart. Approximately ten percent of patients die within three months of experiencing a pulmonary embolism and around 15 percent of fatal pulmonary embolisms occur after surgery.

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