



Letter to the editor

It is time to change the drug guidelines for the prevention of thromboembolic events after primary total hip or knee replacement: Where does aspirin fit in?



According to the guidelines of the French Society of Anesthesia and Intensive Care Medicine (SFAR), antithrombotic prophylaxis following primary total hip or knee replacement uses low molecular weight heparin (LMWH) or direct oral anticoagulants (DOAs) [1,2]. However, some international guidelines such as those of the American College of Chest Physicians (ACCP) [3] and American College of Orthopaedic Surgeons (AAOS) [4,5] allow for other options, and for aspirin in particular. Recent guidelines from the European Society for Anesthesiology (ESA) updated the study of the literature [6,7].

These texts recommend aspirin rather than LMWH or DOAs for antithrombotic prophylaxis following primary total hip or knee replacement in the light of the literature findings that it is likely as or perhaps only slightly less effective, with fewer major and especially minor hemorrhagic complications. There are, however, no guidelines regarding dose or duration of prophylaxis using aspirin.

Aspirin seems especially indicated in the context of Enhanced Recovery After Surgery (ERAS) programs, which significantly reduce thromboembolic event (TEE) risk, probably thanks to earlier ambulation. Choice of antithrombotic treatment should, however, also be guided by:

- individual TEE risk factors, which are well described in the literature, including, non-exhaustively, morbid obesity, personal or familial history of TEE, and surgery lasting more than 120 minutes, any of which are indications for LMWH or DOAs;
- individual hemorrhage risk factors, which are indications for aspirin.

The French Society of Orthopedic Surgery and Traumatology (CNP-SoFCOT) and French Society of Hip and Knee Surgery (SFHG) therefore raise the question of the choice of antithrombotic prophylaxis following primary total hip or knee replacement. The new enhanced recovery procedures may require reconsidering and updating the modalities of choice between the three main contenders: LMWH, DOAs and aspirin.

Disclosure of interest

The authors declare that they have no competing interest. Elsewhere, J.Y.J. receives royalties from B-Braun and consultancy fees from FH Orthopedics, and is a board member of CAOS International, ISTA and SFHG; M.B. receives royalties from DePuy-Synthes and Corin and is President of the French Society of Hip and Knee Surgery (SFHG) and board member of the European Knee Society (EKS); D.M.

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