

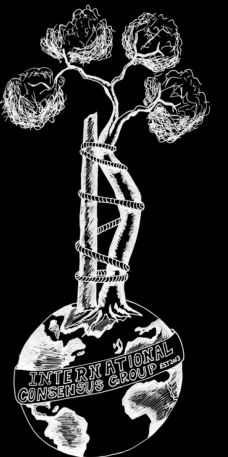
ICM VTE Sports

1 – Concerning VTE risk, which surgeries can be considered major, and which surgeries can be considered non-major in orthopaedic sports surgery?

- **Response/Recommendation:** Overall, venous thromboembolism (VTE) incidence in sports surgery is low, and risk of VTE increases with immobilization and non-weight bearing. For this reason, upper extremity sports procedures are considered non-major concerning VTE risk due to the low impact on patient ambulation and post-operative mobility. Lower extremity procedures can be considered non-major if patients can weight bear and mobilize post-operatively. Patients undergoing lower extremity sports procedures that places weight bearing restriction and/or limits ambulation may be considered major.

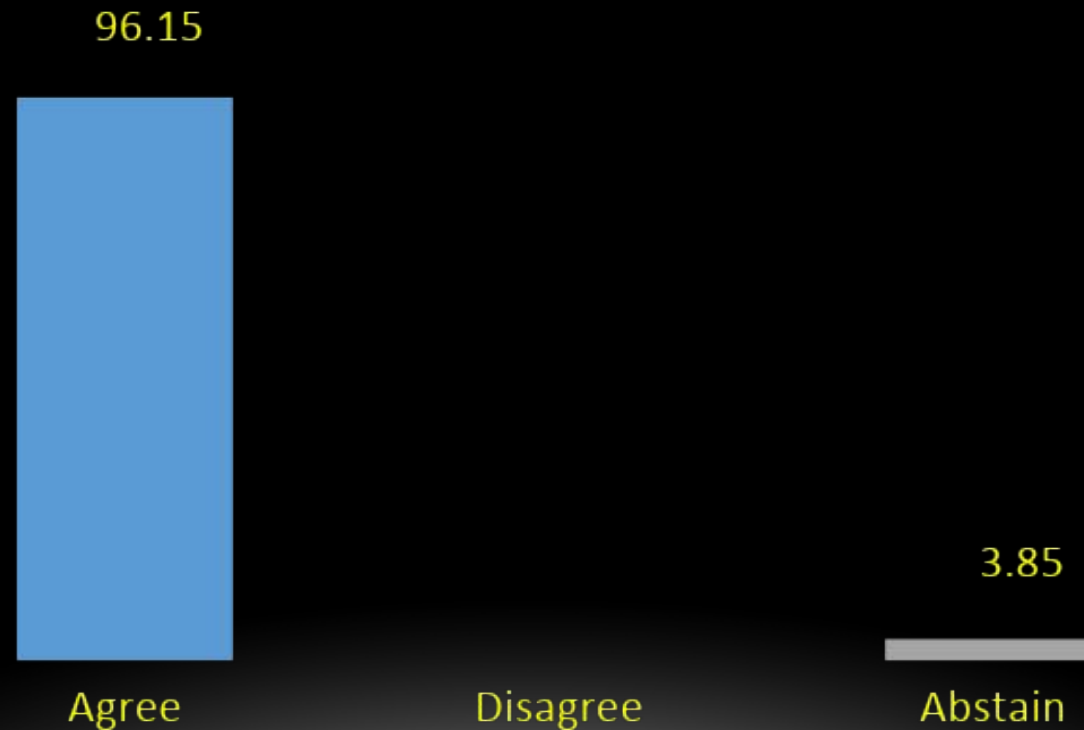
Strength of Recommendation: Consensus.

Martina Rama, Bryson R. Kemler, Sommer Hammoud

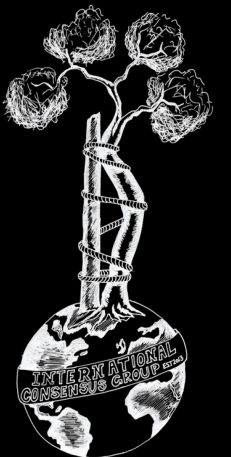


ICM VTE Sports

1 – Concerning VTE risk, which surgeries can be considered major, and which surgeries can be considered non-major in orthopaedic sports surgery?



(Strong Consensus)



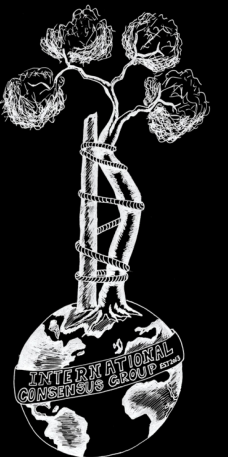
ICM VTE Sports

2 – Is routine VTE prophylaxis required for patients undergoing knee arthroscopy who will be allowed to fully weight bear after surgery?

- **Response/Recommendation:** There is insufficient evidence to recommend routine thromboprophylaxis to all otherwise healthy patients undergoing a knee arthroscopic procedure.

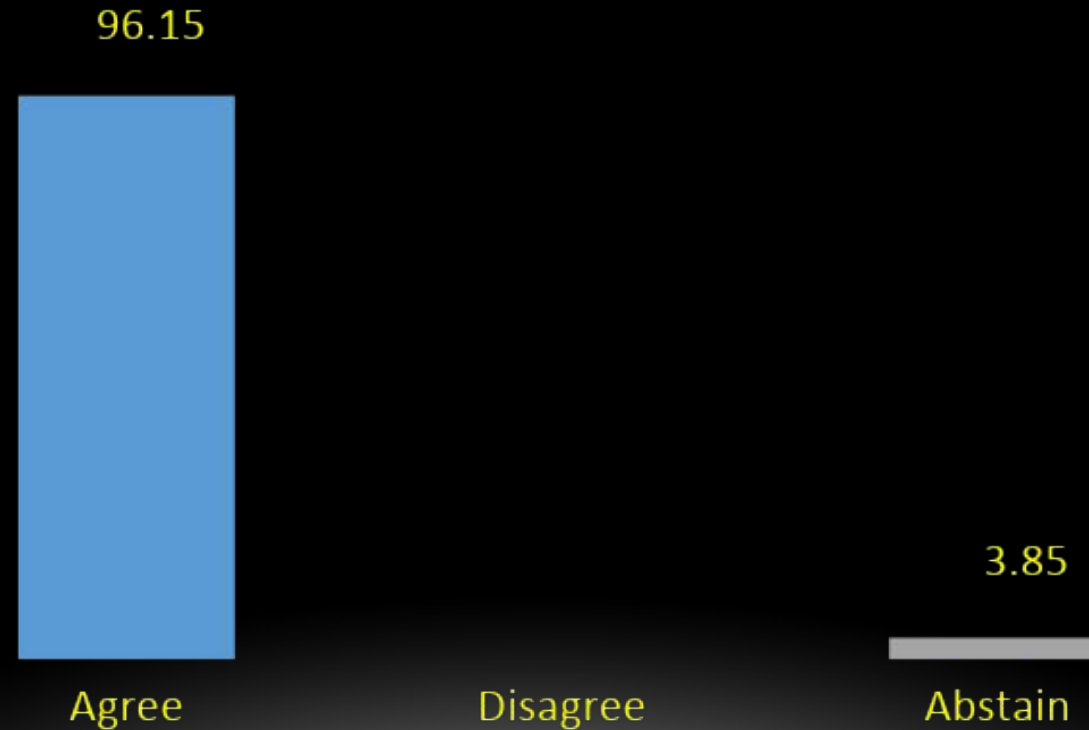
Strength of Recommendation: Moderate.

Renny A. Cárdenas, Carlos G. Sánchez Valenciano

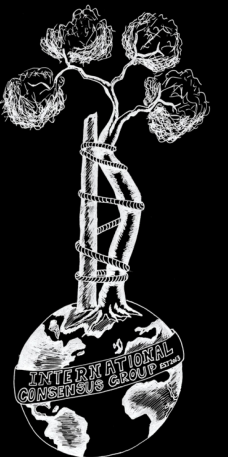


ICM VTE Sports

2 – Is routine VTE prophylaxis required for patients undergoing knee arthroscopy who will be allowed to fully weight bear after surgery?



(Strong Consensus)



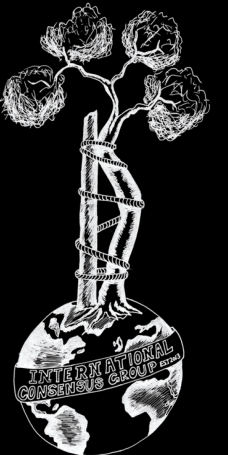
ICM VTE Sports

3 – What is the most optimal VTE prophylaxis for patients undergoing arthroscopic knee surgery who are instructed to remain non-weight bearing for a prolonged period of time?

- **Response/Recommendation:** There are no studies in the literature that have specifically investigated the correlation between non-weightbearing after knee arthroscopy and the incidence of venous thromboembolism (VTE). Consequently, no specific prophylactic measures have been recommended for this patient population. Considering that non-weight bearing is a known risk factor for VTE, we support the routine use of VTE prophylaxis in these patients unless a high risk of bleeding is present or postoperative bleeding occurs.

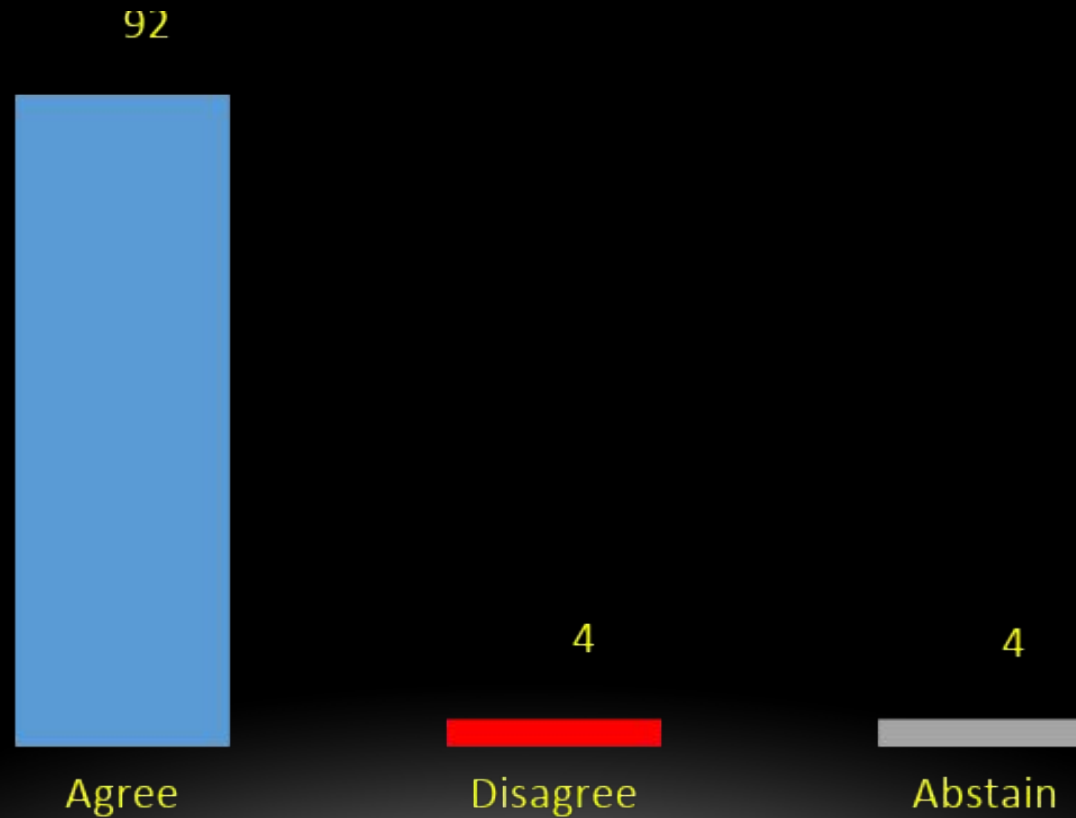
Strength of Recommendation: Consensus.

*Manuel G. Mazzoleni, Maxime Fabre-Aubrespy, Ryan W. Paul,
Fotios P. Tjoumakaris, Filippo Randelli*

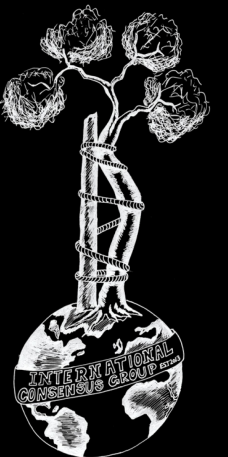


ICM VTE Sports

3 – What is the most optimal VTE prophylaxis for patients undergoing arthroscopic knee surgery who are instructed to remain non-weight bearing for a prolonged period of time?



(Strong Consensus)



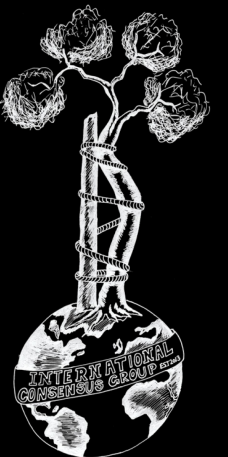
ICM VTE Sports

4 – What is the most optimal VTE prophylaxis for patients undergoing ACL reconstruction?

- **Response/Recommendation:** There is a small risk of venous thromboembolism (VTE) following anterior cruciate ligament (ACL) reconstruction in healthy adult patients. There is moderate-to low-evidence supporting the use of low-molecular weight heparin (LMWH), aspirin (ASA) or rivaroxaban in the prevention of pulmonary embolism(PE) and symptomatic deep venous thrombosis (DVT). Similarly, there is a very low level of evidence supporting the use of LMWH in preventing asymptomatic DVT when compared to no treatment. No difference in the rate of adverse events (including major and minor bleeding) between LMWH, ASA and rivaroxaban has been shown, although data on this safety endpoint is limited due to low numbers of events in existing studies. To this end, appropriate risk stratification, considering factors such as medical comorbidities, weight-bearing status, and the use of immobilization, is therefore necessary.

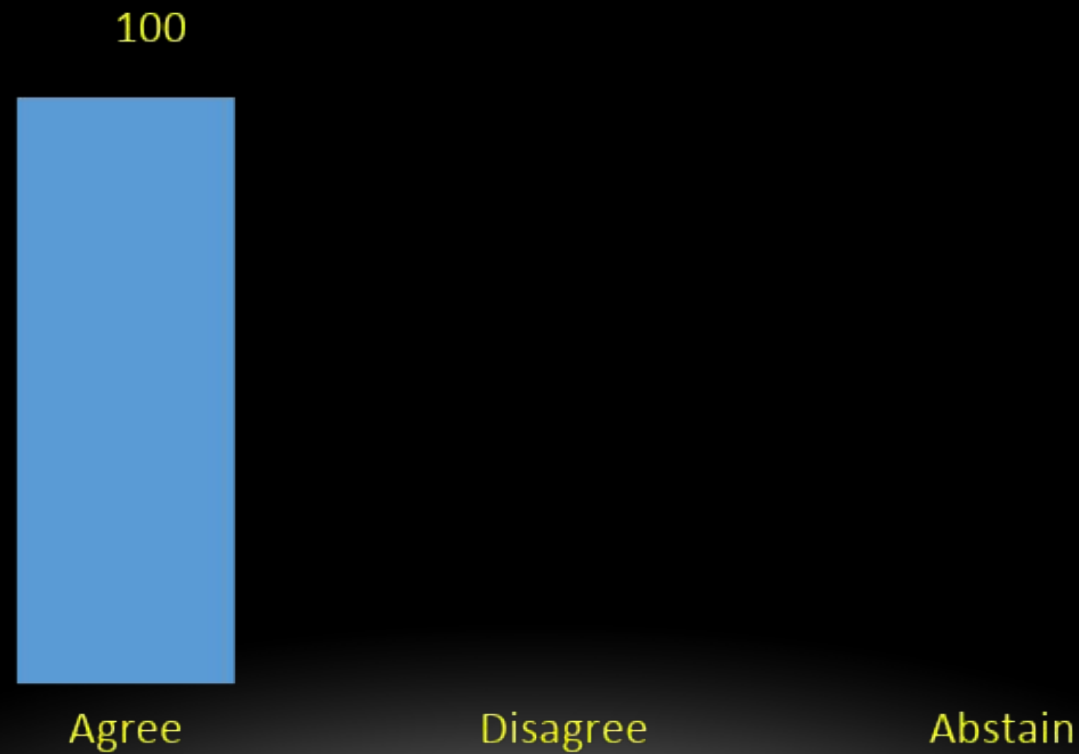
Strength of Recommendation: Moderate.

Mohammad S. Abdelaal, Usama H. Saleh, Hamed Vahedi

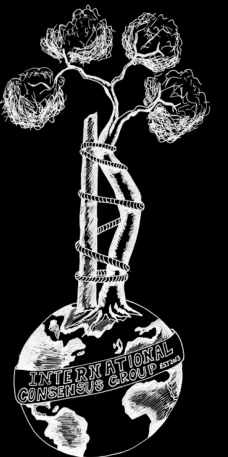


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4 – What is the most optimal VTE prophylaxis for patients undergoing ACL reconstruction?



(Unanimous Strong Consensus)



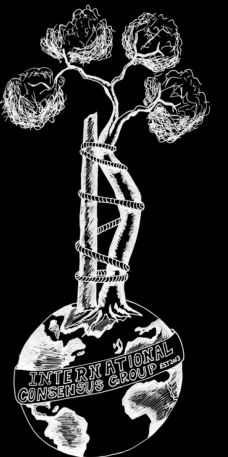
ICM VTE Sports

5 – Do patients undergoing hip arthroscopy require routine VTE prophylaxis?

- **Response/Recommendation:** The risk of venous thromboembolism (VTE) after hip arthroscopy (HA) is low and routine VTE prophylaxis is not required. In patients with particular risk factors, VTE prophylaxis might be considered.

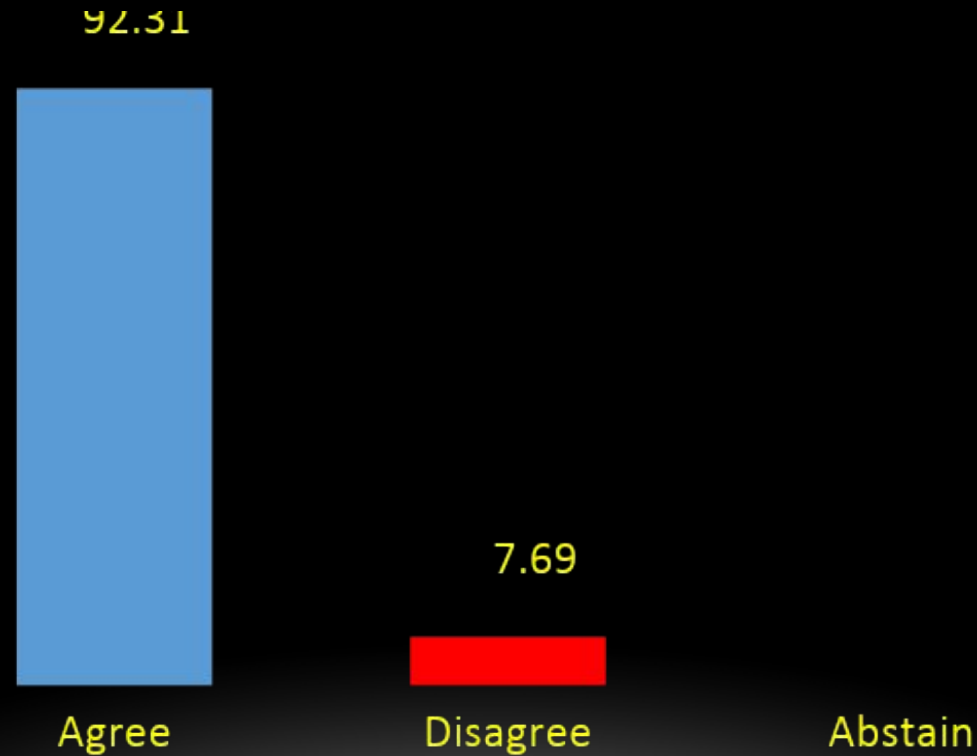
Strength of Recommendation: Limited.

Damian R. Griffin, Óliver Marín-Peña, Marc W. Nijhof

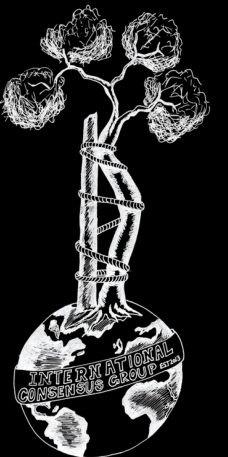


ICM VTE Sports

5 – Do patients undergoing hip arthroscopy require routine VTE prophylaxis?



(Strong Consensus)



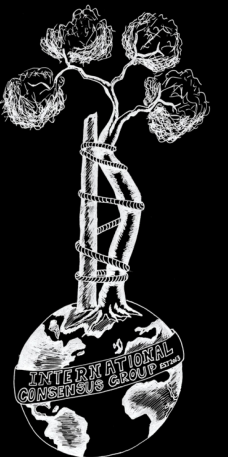
ICM VTE Sports

6 – Should patients undergoing mini-open femoroacetabular osteoplasty receive routine VTE prophylaxis?

- **Response/Recommendation:** There is dearth of data related to this question. Available evidence suggests that aspirin is an effective prophylactic agent against venous thromboembolism (VTE) in standard-risk patients undergoing mini-open femoroacetabular osteoplasty (FAO).

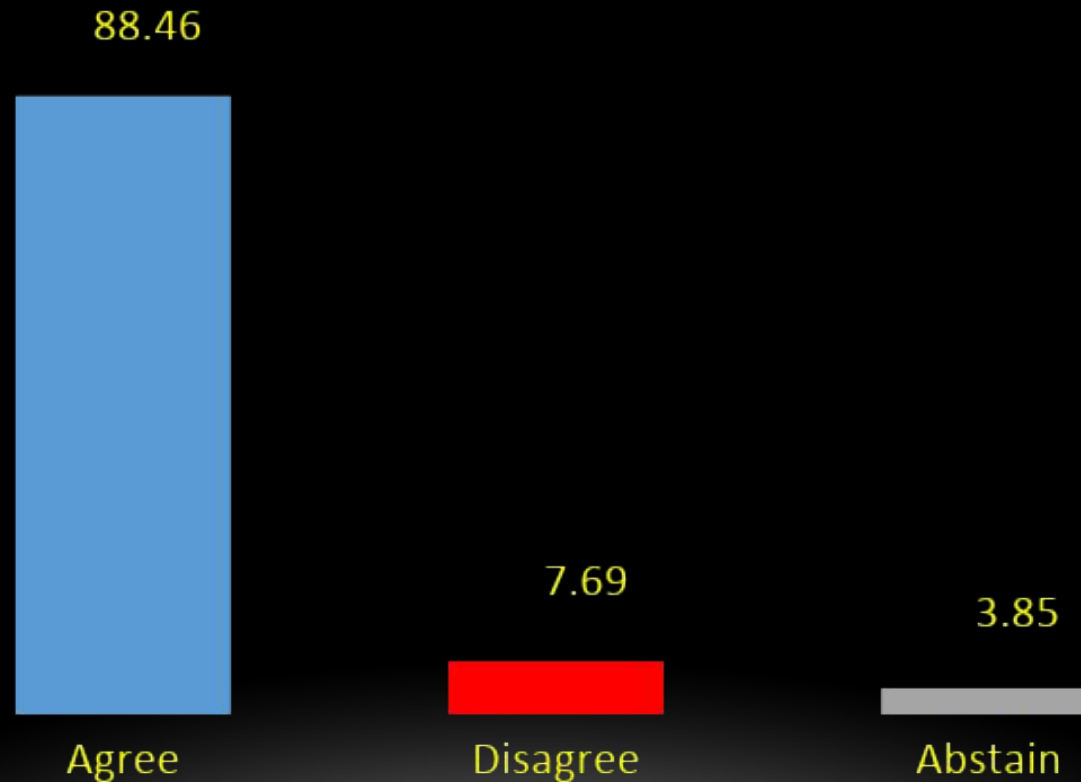
Strength of Recommendation: Low.

*Mohammad S. Abdelaal, Ryan M. Sutton, Óliver Marín-Peña,
Javad Parvizi*

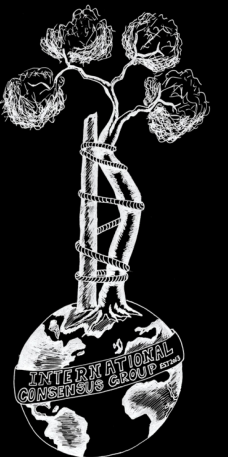


ICM VTE Sports

6 – Should patients undergoing mini-open femoroacetabular osteoplasty receive routine VTE prophylaxis?



(Strong Consensus)



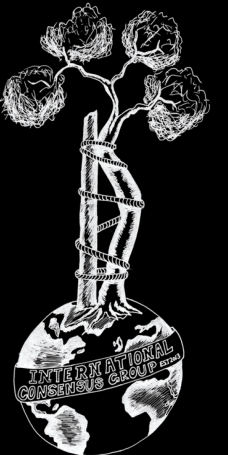
ICM VTE Sports

7 – How should athletes receiving chemical anticoagulation for VTE prophylaxis or treatment of active VTE be managed?

- **Response/Recommendation:** There is no consensus regarding the optimal management of venous thromboembolism (VTE) in athletes. Treatment of active VTE consists of early mobilization and uninterrupted anticoagulation for at least 3 months with abstinence from contact sports during the entire treatment duration. The choice of pharmacologic agent should be tailored according to patient-, physician-, and sport-related factors. However, some authors favor direct-acting oral anticoagulant agents (DOAC), which may allow earlier return to sport in athletes requiring prolonged anticoagulation. Athletes receiving treatment for active VTE may begin low-risk exercises (e.g., swimming) 3 weeks after initial diagnosis, progressing to full participation in non-contact sports at 6 weeks.

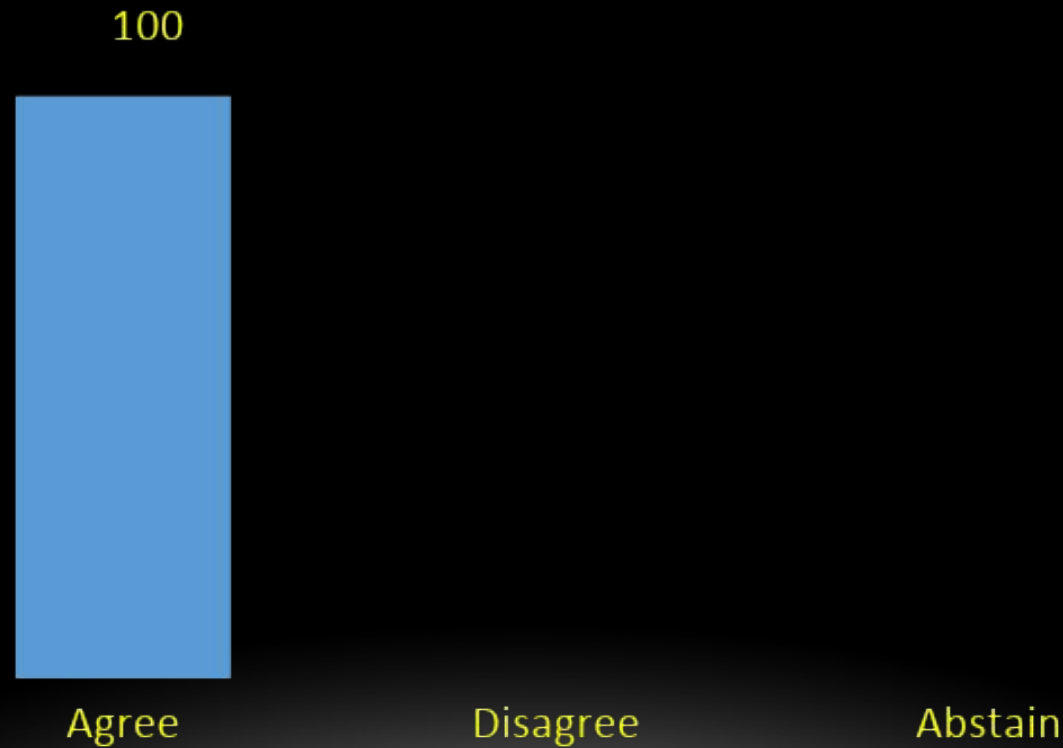
Strength of Recommendation: Consensus.

*John P. Prodoehl, William L. Johns, Marcos Arêas Marques, Marcone L. Sobreira,
Sommer Hammoud*



ICM VTE Sports

7 – How should athletes receiving chemical anticoagulation for VTE prophylaxis or treatment of active VTE be managed?



(Unanimous Strong Consensus)

