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The abstract below was inadvertently omitted from the EAES Oral Presentations published in the *Surgical Endoscopy Special Abstract Issue*, Supplement 1 to Volume 22, 2008. The abstract is published in its entirety below.

Springer regrets the error.

O178 - Morbid Obesity

THE EFFECT OF EXTENDED POST-DISCHARGE THROMBOPROPHYLAXIS ON VENOUS THROMBO- EMBOLISM RATES AFTER BARIATRIC SURGERY. A PROSPECTIVE COMPARISON TRIAL

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Introduction: As hospital stay (HS) for bariatric surgery (BS) decreases, there is evidence to suggest that the risk for venous thromboembolism (VTE) extends beyond the period of hospitalization. The effect of extended thromboprophylaxis after hospital discharge on postoperative VTE rates following BS is not known.

Methods: 271 consecutive patients who underwent BS between 2003 and 2007 and had >1 month of follow-up were included. In-hospital, with (group A), or without (group B) extended 10-day post-discharge thromboprophylaxis was used in 136 and 135 patients respectively. All

patients underwent bilateral lower extremity venous Doppler studies (BLEVDS) prior to discharge. Primary endpoint was the incidence of VTE between the discontinuation of in-hospital thromboprophylaxis and postoperative day 30. VTE was defined as a clinically evident deep vein thrombosis or pulmonary embolism documented by positive BLEVDS, or computed tomography of chest. The primary safety endpoint was bleeding which was associated with ≥ 2 g/dL decrease in hemoglobin compared to baseline or requiring transfusion or reoperation.

Results: The median length of in-hospital thromboprophylaxis in both groups was 2 (1–14) days. The overall incidence of VTE was 2.2% (6/271); all but one occurred after cessation of thromboprophylaxis. There were no deaths in either group. With the exception of age (A: 46 vs. B: 42.6 years, $p = 0.01$), % open surgical approach (A: 0% vs. 8.1%, $p = 0.003$) and HS (A: 2.2 vs. B: 3 days, $p = 0.0002$) there was no significant difference between the two groups in relation to gender, BMI (A: 47.6 vs. B: 46.1 Kg/m²), operative time (A: 217 vs. B: 232 min), incidence of previous VTE (A: 4.2% vs. B: 0.74%) and % revision surgery (A: 4.3% vs. B: 8.9%). VTE rate was significantly higher in group B (A: 0% vs. B: 3.7%, $p = 0.02$). Although overall morbidity was higher in group B (A: 3.1% vs. B: 12.6%), $p = 0.01$, no VTE event occurred in patients who had other complications. The incidence of significant bleeding events was similar in both groups (A: 16.7% vs. B: 16.3%).

Conclusion: Extended 10-day post discharge thromboprophylaxis is safe and significantly reduces the incidence of VTE as compared with in-hospital thromboprophylaxis only.

The online version of the original article can be found under
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