Clinical Expert Series

Prevention of Venous Thromboembolic Events After Gynecologic Surgery
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Continuing medical education credits for “Prevention of Venous Thromboembolic Events After Gynecologic Surgery” will be available through January 2015.

1. If using low-dose unfractionated heparin in high-risk patients, the heparin should be administered in the following manner:

   A. 1,000 units every 8 hours
   B. 5,000 units every 8 hours
   C. 5,000 units every 12 hours
   D. 10,000 units every 6 hours
   E. 15,000 units every 12 hours
2. Studies that have evaluated the odds of developing a venous thrombotic event have demonstrated that the highest risk is associated with:

A. Prior venous thromboembolism  
B. Immobilization  
C. Surgery  
D. Female gender  
E. Age greater than 40 years

3. When stratified by the level of complexity of the surgery, age, and other risk factors, and compared to open surgeries, laparoscopic surgeries carry a risk of venous thrombotic events that is:

A. Markedly lower  
B. Slightly lower  
C. Roughly equivalent  
D. Slightly higher  
E. Markedly higher

4. A 35-year-old woman is scheduled to undergo a total laparoscopic hysterectomy for symptomatic leiomyomas. She is taking oral contraceptives and has a body mass index (BMI) of 30. Based the patient’s history and planned procedure, of the following, the most appropriate strategy for prophylaxis against venous thrombotic events would be:

A. Early ambulation only  
B. Intermittent pneumatic compression  
C. Low-dose unfractionated heparin (10,000 units twice daily)  
D. Coumadin anticoagulation starting 6 hours after surgery  
E. No special prophylaxis is required

5. Based on available studies, which of the following has proven to be effective in venous thrombotic event prophylaxis for gynecologic cancer patients?

A. Low molecular weight heparin  
B. Low-dose unfractionated heparin given as 5,000 units every 8 hours  
C. Intermittent pneumatic compression devices  
D. A and B  
E. All of the above
6. The greatest problem with the use of intermittent pneumatic compression devices for preventing venous thrombotic events is:

- A. Limited patient acceptance
- B. Undocumented benefit
- C. Poor compliance on regular nursing units
- D. Duration of use required
- E. Increased rate of skin complications

7. The most common complication of low-dose unfractionated heparin thromboprophylaxis is:

- A. Increased operative blood loss
- B. Increased injection site and wound hematoma formation
- C. Injection site skin slough
- D. Systemic allergic reaction
- E. Heparin-induced thrombocytopenia

8. Of the following, the greatest advantage of low-molecular-weight heparin thromboprophylaxis over the use of unfractionated heparin is:

- A. Increased risk reduction
- B. Lower rate of wound hematoma formation
- C. Lower cost
- D. Lower rate of heparin-induced thrombocytopenia
- E. Increased renal clearance

9. Based on available data, the most reasonable use of pharmacologic thromboprophylaxis is to administer it:

- A. Up to 1 hour preoperatively or beginning 3 hours postoperatively
- B. Up to 1 hour preoperatively or beginning 6 hours postoperatively
- C. Up to 2 hours preoperatively or beginning 3 hours postoperatively
- D. Up to 2 hours preoperatively or beginning 6 hours postoperatively
- E. Up to 4 hours preoperatively or beginning 3 hours postoperatively
10. For the highest-risk patients, pharmacologic thromboprophylaxis following surgery should be continued for:

A. 24 hours  
B. 48 hours  
C. 7 days  
D. 28 days  
E. 3 months

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