Servicio Andaluz de Salud
CONSEJERÍA DE SALUD

UNIDAD DE COLOPROCTOLOGÍA
Hospital Universitario Virgen del Rocío SEVILLA

Recomendaciones para la profilaxis de TVP/TEP

en cirugía colorrectal

Modificado de Clagett GP, Anderson FA Jr, Geerts W, et al.(20) Prevention of Venous Thromboembolism. Chest 1998; 114: 531S-560S y de las recomendaciones de The American Society of Colon & Rectal Surgeons

Clasificación del riesgo y su profilaxis				
	Bajo	**Moderado**	**Alto**	**Muy alto**
Indicaciones	Cirugía ambulatoria sin ningún factores de riesgo + > 40 años	Cirugía Mayor abdominal + edad 40-60 sin otros factores de riesgo (tabla 2)	Cirugía Mayor abdominal + > 60 años con 3 o 4 factores de riesgo (tabla 2)	Paciente de alto riesgo con historia TE, estado hipercoagulabilidad o posibilidad de neoplasia
Riesgo de TVP (sin profilaxis)	2 %	10-20 %	20-40 %	40-80 %
Riesgo TEP	0.2 %	1-2 %	2-4 %	4-10 %
Profilaxis Primaria	Deambulación precoz	Compresión neumática intermitente Medias compresión gradual	Enoxaparina 40 mg sc/24h 1 dosis preoperatoria	Enoxaparina 40 mg sc/24h 1 dosis preoperatorio + Compresión neumática intermitente* Medias compresión gradual
Alternativa profilaxis	Ninguna	Enoxaparina 20 mg sc/24h 1 dosis preoperatoria	Compresión neumática intermitente* Medias compresión gradual	Ninguna
Duración	-	Hasta 7 días	Hasta 1 mes	Hasta 1 mes

- *Compresión neumática intermitente si el riesgo de sangrado es alto con la heparina, una vez pasado este riesgo poner heparina
- En caso de utilizar anestesia epidural o espinal el tiempo que debe transcurrir entre la administración de la HBPM a dosis profilácticas y la inserción o retirada de un catéter espinal o epidural debe ser de al menos 12 horas. Una vez insertado o retirado el catéter deberán transcurrir al menos 6 horas hasta la administración de una nueva dosis de heparina.

Tabla 2

Factores de riesgo para Tromboembolismo
Cirugía abdominal o pélvica importante
Edad > 40 años
Acontecimiento tromboembólico con anterioridad
Estado hipercoagulabilidad hereditario
Neoplasia
Obesidad mórbida
Enfermedad inflamatoria del intestino
Parálisis
Inmovilización prolongada
Trombocitopenia
Insuficiencia cardiaca congestiva
Infarto del miocardio agudo
Contraceptivos orales
Tamoxifeno
Estasis venoso
Estados hereditarios de hipercoagulabilidad
Resistencia activada de la proteína C
Mutación del factor V Leiden
Deficiencia de Antithrombin III
Deficiencia de la proteína C
Deficiencia de la proteína S
Disfibrinogenemia
Anticuerpos de Anticardiolipina de los síndromes del anticuerpo de Antifosfolipidos Anticoagulante de Lupus
Desórdenes plasminógenos
Desórdenes de Mieloproliferativo

Mutación 20210A del gene de la protrombina
Hiperhomocistinemia

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