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Safety and efficacy of Apixaban and Enoxaparin in patients undergoing total hip arthroplasty and total knee arthroplasty

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Statement of the Problem: Venous thromboembolism is very common after a major orthopedic surgery like arthroplasty. Even with thrombo-prophylaxis, subclinical DVT after THA is 15-20% and after TKA is 30-40%. According to ACCP, apixaban is preferred if parenteral therapy is to be avoided, in CAD patients and in patients having dyspepsia or GI bleeding while enoxaparin is to be preferred in liver diseases or those having pregnancy risk or pregnancy. NICE guidelines prefer enoxaparin, though it recommends use of apixaban where enoxaparin/ rivaroxaban / aspirin cannot be used.

Methodology & Theoretical Orientation: A prospective observational study was carried out with aim to observe the incidence of symptomatic and asymptomatic DVT and PE and safety profiles in patients of THA/ TKA managed with two different chemoprophylaxis regimes, apixaban and enoxaparin- for 2 weeks following TKA and 5 weeks following THA.

Findings: In the undergoing study, 54 patients were analyzed from Oct 2018 to July 2019 with 26 under Apixaban and 28 under Enoxaparin. Irrespective of the type of arthroplasty and duration of prophylaxis, none among them developed symptomatic or asymptomatic DVT/ PE, however, 7.69% (2/26) on Enoxaparin had episodes of fall in saturation and chest discomfort with CTPA showing normal reports. Also while Enoxaparin had a tendency for more local and systemic skin reactions (11.53%), local subcutaneous swelling (3.84%), Apixaban had more tendency to create wound complications such as soakage of dressing (12.5%), and increased drain collection leading to prolonged drain insertion periods which had a theoretical increased risk of infection. Also, apixaban was not found to be safe in patients with cardiac condition and induced AF post-op in a relatively young cardiac patient and was responsible for TIA (Transient Ischemic Attack) in one old patient.

Conclusion & Significance: Though both Apixaban and Enoxaparin is equally effective in thromboprophylaxis, Enoxaparin tend to have more skin and chest related complications and Apixaban tend to have more cardiac, nervous and wound related complications. Recommendations are made for thromboprophylaxis with either of them in view of patient profile.

Biography

Kishor Kunal is working as a resident at AIIMS, Jodhpur. A writer, philanthropist and philosopher by passion, he endeavors not just for being a care-giver but also in finding the best and latest technology to help the mankind. He has worked in several organizations uplifting the current status of medical fraternity in India and continues to be a dynamic visionary in the field of medicine and social sciences.

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