

'Stop the clot' - A standardised approach to managing splanchnic vein thrombosis in the acute surgical patient

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Introduction: The incidence and prevalence of splanchnic vein thrombosis (SVT) is rising in acute surgical patients (2.7/100,000). Risk factors include malignancy, surgery, abdominal inflammation/infection and HRT. Management strategies are variable and high-quality data and guidelines limited.

Aims:

- To determine the incidence and current management of SVT's in patients presenting with Emergency General Surgery pathology
- To develop an evidence based, standardized pathway for the management of this condition with a focus on anticoagulation choice, duration and re-imaging options.

Methods: A prospective cohort study was undertaken for 1 year. Patients over 16 presenting to an EGS service with an acute inflammatory abdominal condition and acute SVT were included. Data was collected and analysed in Microsoft Excel.

Results: 25 patients were included. 22 (88%) were provoked and 3 (12%) unprovoked. 21 (84%) received treatment. Primary choice of anticoagulation was LMWH 10 (47%), Warfarin 8 (38%) and DOAC 3 (15%). 7 (33%) of patients had no decision made regarding the duration of anticoagulation treatment. 6 (29%) received follow-up cross-sectional imaging to assess for resolution/vessel. 9 (45%) patients received clinic follow up. 2 (8%) patient demonstrated thrombosis resolution.

Conclusion: Current practice demonstrates wide variation and inconsistencies in the management of acute SVT. Stakeholders include Surgeons, Haematologist's and Radiologists and a subsequent structured iterative collaboration was undertaken to develop a standardised pathway. Management now includes primary DOAC for 6-months, follow up CT to assess for re-canalisation. Patients should be followed up thereafter in clinic to outline ongoing management strategies.

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