



## Prophylactic measures in patients at high and medium risk of thrombosis

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**Revelance.** Early detection and prevention of deep vein thrombosis of the lower extremities, as well as the prognosis of associated thromboembolic complications (TEC) remain urgent problems on the way to improving surgical care [2], since among the causes of postoperative mortality pulmonary artery thrombosis is 10-21% and ranks 2-3 after peritonitis and cardiovascular failure [1].

More than 25% of deep vein thrombosis (DVT) and pulmonary embolism (PTE) occur after extensive surgical procedures (Schünemann H.J. et al., 2018; Raskob E.G., 2016). The nature, traumatic nature and duration of surgical interventions play a major role in the occurrence of postoperative TECLA. Operative trauma, anemia, endothelial damage and other factors contribute to the activation of the system of humoral and tissue hemostasis and a decrease in blood fibrinolytic activity. In addition, hypodynamia and relaxation of the muscles of the lower extremities during general anesthesia and in the early postoperative period lead to a decrease in the rate of blood flow in the veins of the lower extremities (Arabi Y.M., 2020), so the risk of thromboembolic complications largely depends on the duration of the surgical intervention itself[3].

**Keyword.** Asymptomatic, hypodynamia, hemostasis, trauma, endothelial damage, thrombosis.

**Aim of the study:** to investigate the incidence of asymptomatic clinically significant acute thrombosis in the inferior vena cava system in patients with moderate and high risk of thrombosis who underwent surgical interventions on abdominal and pelvic organs.

**Materials and Methods.** We observed 30 patients who underwent planned (11) and emergency (19) operations on the abdominal cavity and pelvic organs. Their average age was 50 years.

Out of 30 patients included in the study, 18 had a moderate risk degree and 5 had a high risk degree: 7 patients were referred to the IIB group, 5 - to the IIIB group, 2 patients - to the IIIA and IIIC groups, and 1 - to the IIC group.

The nature and volume of performed surgical interventions in this contingent are presented in Table 2. Ultrasound angioscanning with color Doppler mapping was performed in all patients before the operation and on 8-10 days after it. The examined patients received nonspecific measures of venous thrombosis prophylaxis (elastic compression of the lower extremities, adequate hydration, early activation). Prophylactic administration of heparin to this contingent of patients was not performed.

**Results.** The conducted studies allowed to reveal 2 (10.1%) cases of acute thrombosis of deep veins of lower limbs in patients who underwent cholecystectomy (4) and small intestine resection for strangulated hernia (1). Of them, 3 were tibial vein thrombosis, 1 - hamstring vein thrombosis, and 1 - superficial femoral vein thrombosis. Only one of the operated patients had complaints of pain in the affected limb. All these patients were in old age (from 65 to 70 years), had concomitant pathology (ischemic heart disease, hypertensive disease and peptic ulcer disease of the stomach and 12-



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peritoneum). Three of them were categorized as moderate risk, two as high risk. Four patients were operated on emergency indications, 1 - in a planned procedure. All surgical interventions were performed under endotracheal anesthesia. The average duration of the operation was 125 min.

Thus, a serious threat of thrombosis occurs already in the perioperative period and continues to exist for a long time. The multifactorial nature of this process and the variety of predictors determine the need for early prediction and diagnosis of hemocoagulation disorders, and also require further studies to identify new risk factors and methods for monitoring the state of the blood coagulation system in the pre- and postoperative period.

## Literature

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