Guidance for Treatment of Various VTE

Upper extremity DVT (UEDVT)

2016 ACCP: recommends anticoagulation for UEDVT in the axillary or more proximal veins.

2012 ACCP: suggests duration of 3 months.

Pulmonary embolism (PE)

2016 ACCP: recommends DOAC over VKA for PE; extended duration suggested for unprovoked PE unless high bleeding risk. Pts with subsegmental PE without proximal DVT and risk factor(s) for recurrent or progressive VTE (hospitalization, reduced mobility, active CA), guidelines suggest clinical surveillance which can be supplemented by serial LE US (treating if positive). If treated, reasonable to assume limited duration for subsegmental PE.

2019 ESC: recommends DOAC over VKA for for PE; indefinite duration if PE not related to major transient or reversible risk factor.

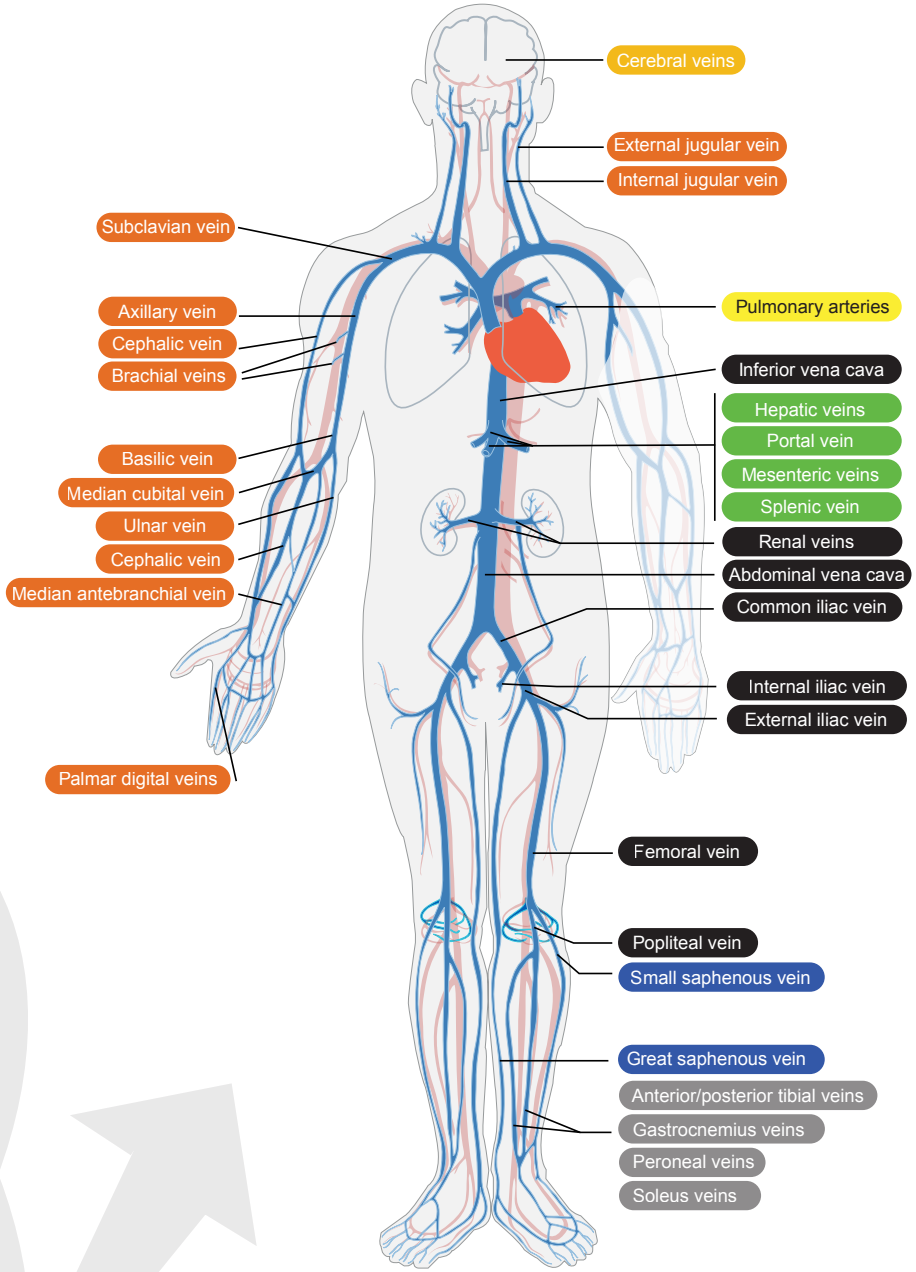
Proximal DVT

2016 ACCP: recommends DOAC over VKA for DVT in the popliteal or more proximal veins. Extended duration suggested for unprovoked proximal DVTs unless high bleeding risk.

Distal DVT

2016 ACCP: gives option to use serial imaging rather than start anticoagulation, unless pt with risk factors for extension.* Reasonable to assume limited duration.

2016 ACF: recommends anticoagulation unless on serial imaging, thrombus does not extend.



Cerebral venous thrombosis

2016 ACF: suggests anticoagulation (including DOAC at approved VTE TX dosages) for at least 3 months then discontinue in patients with transient risk factors. Concomitant bleeding should not CI TX. UFH or LMWH should be used over first days until pt is clinically stable.

Splanchnic thrombosis

2012 ACCP: gives option to avoid treatment if incidentally found but emerging literature suggest that anticoagulation can be important to reduce variceal bleeding in portal and superior mesenteric veins. If treated, LMWH preferred to VKA in hepatic dysfunction and if there is active CA.

2016 ACF: suggests long term duration in cirrhosis, solid cancer, myeloproliferative neoplasms, severe thrombophilia.

Superficial vein thrombosis (SVT)

2017 NCCN: recommends at least 6 weeks of full dose anticoagulation for SVT in CA and consider extending duration.

Prophy-dose LMWH, fondaparinux (CALISTO), or Xarelto (SURPRISE) recommended for 45 days if SVT > 5cm in length and > 3cm from the saphenofemoral junction (SFJ).

2018 Thrombosis Canada: recommends full dose anticoagulation for SVT ≤ 3 cm of the SFJ. Reasonable to assume limited duration.

*Risk factors: + D-dimer, >5cm with multiple veins, >7mm in max diameter, close to proximal veins, no reversible provoking factor, active CA, h/o VTE, inpatient status.

Contributors: Produced by Jennifer Vuong, PharmD, CACP. VA Salt Lake City HCS

Last updated 09/2019