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Low Dose Aspirin: An Effective Chemoprophylaxis for Preventing Venous Thromboembolic Events

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The available guidelines, endorsed by Surgical Care Improvement Project (SCIP), have advocated that aspirin (ASA) is a safe and effective strategy for venous thromboembolic events (VTE) prophylaxis following total joint arthroplasty (TJA). The optimal dose of aspirin for this purpose is not known. The first guidelines for prevention of VTE that were issued by the American Academy of Orthopedic Surgeons recommended 325 mg Bis in die (twice a day) for 4 weeks. In the other group, 742 patients with an average age of 64.6 years [Standard deviation (SD) ±10.4] received endogenous coated ASA 325mg by mouth, bid for 4 weeks. In the 325mg ASA group, compared to none in the 81mg ASA group.

There was no significant difference in the incidence of VTE between the two groups; 0.1% in the 81mg ASA group (one in-hospital, one post-discharge) compared to one mortality in the 81mg ASA group (one in-hospital, one post-discharge).

Acute infection rate was also higher in the 325mg ASA group at 5 cases (0.2%) compared to none in the 81mg ASA group. Finally, there were two mortalities in the 325mg ASA group (one in-hospital, one post-discharge) compared to one mortality in the 81mg ASA group (post-discharge).

Our ongoing study demonstrates that low dose ASA (81mg bid for four weeks) is as effective as a prophylactic agent as high dose ASA (325mg) following TJA. This is not surprising as all available literature, including many publications related to VTE prophylaxis following TJA, demonstrate that low dose aspirin has better antiplatelet aggregation properties. Continued evaluation of the safety and efficacy of ASA as a prophylactic agent and the comparison of the doses continues at our in our prospective study.

DISCUSSION