Thromboembolism Risk, Prophylaxis and Outcome in admitted patients to the medical wards of Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia

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Abstract:

Objective: To assess venous thromboembolism (VTE) risk, prophylaxis and outcome in hospitalized patients to medical wards of Tikur Anbessa Specialized Hospital (TASH).

Methodology: A retrospective cross-sectional study involving patients' chart review for those who were admitted in medical wards of TASH from July 1, 2016 to December 31, 2016 (6months) was done. The systematic random sampling method was used as a sampling technique to review two hundred patients' charts using structured data abstraction format to collect data on patient's socio-demographic characteristics, VTE risk assessment, contraindication, thromboprophylaxis and VTE outcome. The instrument was prepared based on VTE risk assessment tool used by the guideline developed in TASH. Data was entered by EPI Info 7 and then exported to SPSS 21 version software database for analysis.

Results: Out of 200 medically admitted patients 119 were male and the mean age was 41.17±16.069 years. More than half of patients 102 (51%) were in the highest risk category for VTE occurrence. The maximum and minimum total risk scores were 19 and 1, respectively with mean and SD of 4.63±2.704. There were 186 (93%) patients who were at risk of developing VTE while 75(40%) patients received VTE prophylaxis. Forty-three patients had a contraindication for prophylaxis and 4 of them took prophylaxis despite that. Among the total population, 61(30.5%) of the patients who received prophylaxis VTE was prevented. Eleven (5.5%) of the study population developed VTE. and 127(63.5%) of the study population's status was not mentioned in the charts reviewed in terms of prophylaxis and VTE status during hospital stay.

Conclusion: In this study, there were 186 patients who were at risk of developing VTE, from these only 75(40.32%) patients received thromboprophylaxis which shows that underutilization of thromboprophylaxis in TASH for patients at risk of developing VTE. It is difficult to know the status of VTE outcome since such information was not documented clearly on patients' charts.