

BSH2019

Thrombosis and haemostasis

BSH2019-436

SURVEY OF THROMBOPROPHYLAXIS STRATEGIES IN RENAL TRANSPLANT RECIPIENTS AT A SINGLE TRANSPLANT UNIT

Ruchika Kohli¹, Suzanne Forbes², Raj Thuraisingham³, Laura Green³, Peter MacCallum⁴

¹Haematology, Queen Mary University of London, ²Renal Medicine, ³Barts Health NHS Trust, ⁴Queen Mary University of London, London, United Kingdom

Please indicate your preferred method of presentation: Poster

Has this abstract been presented at a British Haematology meeting before?: No

Has this abstract been presented at an overseas meeting?: No

Please select your position from the list.: Other

Abstract Content: In 2015-16 there were 2,945 renal transplants performed in the UK, a figure which is likely to increase with implementation of the national organ donation strategy.

Renal transplant recipients are a unique cohort in that renal failure and surgery increase their risks of thrombosis and bleeding, with potentially devastating consequences including the loss of a transplanted kidney and increased cost for the NHS.

Current thromboprophylaxis strategies are based on evidence extrapolated from general surgical patients. No studies have evaluated the optimal approach to VTE prophylaxis following renal transplantation.

The aim of the survey was to understand current thromboprophylaxis practice in renal transplant recipients and determine if the need for a consensus guideline exists.

The survey was developed using Google forms and sent out via email to consultant nephrologists and transplant surgeons at the Royal London Hospital, Barts Health NHS Trust.

Of 22 eligible consultants, 13 (59%) responded. 9/13 (69%) answered to having a defined thromboprophylaxis protocol. 12/13 (92%) respondents routinely administered thromboprophylaxis with all mentioning LMWH as the preferred anticoagulant. Of these, there was variation in the onset of prophylaxis with 6/12 (50%) starting 12-24 hours post, 3/12 (25%) starting 6-12 hours post, 1/12 (8%) <6 hours post and 1/12 (8%) >24 hours post-surgery (one participant did not respond). All agreed that prophylaxis should continue for 5-7 days post-transplant. 8/13 (62%) categorized patients into high/low risk for thrombosis and of these 7 (88%) based this on thrombophilia screening results with 6 (75%) administering unfractionated heparin intra-op. The dose of heparin used again was variable.

Although there was uniform consensus on the modality of thromboprophylaxis for renal transplant recipients there was variation in the onset of thromboprophylaxis, and in categorization of patients into high or low risk group for thrombosis, confirming that further studies are needed to give more clarity to this topic.

Disclosure of Interest: None Declared

Keywords: Renal transplant, Thromboprophylaxis