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CONTROL THE BLEEDING, CONTROL THE PAIN: NEW THERAPEUTIC ADVANCES

An Interactive Symposium
Featuring patient cases and audience polling

Wednesday, March 10, 2010
6:00 pm – 9:00 pm
Marriott New Orleans
Acadia Room
555 Canal Street
New Orleans, Louisiana

You should only claim credits commensurate with the extent of your participation in the activity.

This activity is provided free of charge to participants.

EDUCATIONAL SUPPORT

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undergoing major orthopedic surgery, the incidence of DVT can be as high as 60%. Approximately 10% to 40% among all medical or general surgical patients. In patients undergoing orthopedic surgery, the incidence of hospital-acquired deep vein thrombosis (DVT) is higher than expected for ≥2 months after surgery. VTE remains the most common reason for readmission to the hospital following major orthopedic surgery.

Concomitantly with recent advances in thromboprophylaxis following orthopedic surgery, there has been evidence in medicine for choice and care of patients following orthopedic surgery. Thromboprophylaxis may be beneficial to patients following orthopedic surgery for VTE prevention, but also for substantial benefits in pain control and patient mobilization. Furthermore, established strategies for patients undergoing orthopedic surgery. Additionally, newer guidelines and patient safety requirements help to address these challenges.

The rationale for the use of thromboprophylaxis is based on solid principles and scientific evidence. There is considerable evidence for routine thromboprophylaxis of most hospitalized patients, regardless of age or gender or comorbidities. Among all hospitalized patients, VTE is the second most common cause of length of stay, and the third most common cause of mortality and charges. Thromboprophylaxis reduces the incidence of DVT and PE, reduces the length of hospital stay, and reduces the risk of all-cause mortality.

VTE and Pain Management: VTE remains the most common reason for readmission to the hospital following major orthopedic surgery. Furthermore, established strategies for patients undergoing orthopedic surgery. Additionally, newer guidelines and patient safety requirements help to address these challenges. The rationale for the use of thromboprophylaxis is based on solid principles and scientific evidence.

Program Overview

CONTROL THE BLEEDING, CONTROL THE PAIN…

Concomitantly with recent advances in thromboprophylaxis following orthopedic surgery, there has been evidence in medicine for choice and care of patients following orthopedic surgery. Thromboprophylaxis may be beneficial to patients following orthopedic surgery for VTE prevention, but also for substantial benefits in pain control and patient mobilization. Furthermore, established strategies for patients undergoing orthopedic surgery. Additionally, newer guidelines and patient safety requirements help to address these challenges.

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Venous thromboembolism (VTE) is an important patient safety issue. Almost all hospitalized patients have risk factors for VTE—in fact, 40% have ≥3 risk factors. Without
Among all hospitalized patients, VTE is the second most common medical complication, the second most common cause of length of stay, and the third most common cause of mortality and cost.

The rationale for the provision of thromboprophylaxis is based on sound and current evidence. There is considerable evidence for routine thromboprophylaxis in high-risk hospitalized patient groups. Among patients undergoing major orthopedic surgery, routine thromboprophylaxis has been shown to be effective in ≥80% of cases. While routine

Routine thromboprophylaxis has been the standard of care for >20 years. While routine

Currently, a number of choices are available for patients undergoing orthopedic surgical procedures. For example, low-molecular weight heparins can be administered as injections, aspirin, nonsteroidal anti-inflammatory drugs (oral and intravenous), transdermal

These include narcotics (both oral and intravenous), nerve blocks, pain pumps, epidural

This will be a highly interactive educational session utilizing audience response system technology, clinical cases and question-and-answer sessions.

TARGET AUDIENCE
This CMW activity is intended for orthopedic surgeons and other healthcare professionals involved in the care of patients undergoing total joint arthroplasty.

LEARNING OBJECTIVES
Upon completion of this activity, participants should be able to:
• Comprehend the importance of the provision of VTE in orthopedic patients, including in challenging patient types
• Review the key elements of VTE prevention and pain management as delineated by public health and surgical professionals
• Describe and utilize available data for existing therapies and novel antithrombotic agents in the prevention of VTE in addition to pain management (pre-, intra-, post-operative)
• Describe and be able to understand the application of novel approaches to pain management and VTE prevention
• Determine risk-benefit ratios of various therapeutic options
• Appropriately apply national guidelines and recommendations to virtual patients
• Assess individual practice for alignment with national guidelines in order to reduce medical errors and improve patient outcomes
• Establish mechanisms for integrating public health mandates and clinical guidelines into daily practice patterns

CONTROL THE BLEEDING...

NEW THERAPEUTIC ADVANCES

CONTROL THE BLEEDING, CONTROL THE PAIN:

PROGRAM OVERVIEW

CONTROL THE PAIN...

CURRENT DISCOURSE: Concomitantly with recent advances in thromboprophylaxis following orthopedic surgery, there has been in recent years a move for pain and care choice among orthopedic patients. There is now an opportunity to incorporate advances in VTE

These data suggest gaps that remain in the provision of adequate thromboprophylaxis regimens to patients following major orthopedic surgical procedures, including in challenging patient types

VTE prevention and pain management care choice among orthopedic patients. There is now an opportunity to incorporate advances in VTE

For instance, a number of choices are available for patients undergoing orthopedic surgical procedures. For example, low-molecular weight heparins can be administered as injections, aspirin, nonsteroidal anti-inflammatory drugs (oral and intravenous), transdermal

As such, gaps in patient care choice among orthopedic patients have continued to be reported in up to 10% of patients after surgery. Moreover, the risk continues to be

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undergoing major orthopedic surgery, the incidence of DVT can be as high as 60%. Among all hospitalized patients, VTE is the second most common medical complication, second only to infection. The second most common cause of length of stay, and the third commonest cause of mortality and charges.

The rationale for the use of thromboprophylaxis is based on solid principles and scientific evidence. There is considerable evidence for routine thromboprophylaxis in most hospitalised patients, and potentially in all patients undergoing major orthopedic surgery, routine thromboprophylaxis has been shown to reduce the risk of VTE by 60% to 75%. Among all hospitalised patients, VTE is the second most common medical complication, the second most common cause of length of stay, and the third most common cause of mortality and charges.

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Concomitantly with recent advances in thromboprophylaxis following orthopedic surgery, there has been interest in its use for non-orthopedic surgical procedures. The use of thromboprophylaxis in these situations is associated with a reduction in the incidence of VTE and improved patient outcomes. It is important to note that patients undergoing orthopedic surgery continue to be an important target for VTE prevention, given the high incidence of VTE in this population.

These data suggest gaps in the provision of adequate thromboprophylaxis to patients following major orthopedic surgery. Case reports and case series have described instances of symptomatic VTE following orthopedic surgery, with a reported incidence of up to 40%. These cases often occur in patients who had received prophylaxis, highlighting the need for improved strategies to prevent VTE in this population.

Several studies have demonstrated that patient satisfaction, possibly permitting earlier discharge, and reducing the likelihood of life-threatening events associated with extended hospitalization, such as DVT. These data highlight the importance of improving care for patients undergoing orthopedic surgery, as well as the need for continued research to further understand the best practices for VTE prevention in this patient population.

The program will also review the key elements of VTE prevention and patient management, as described by the expert faculty present. The faculty will also critically review existing guidelines for skin care and patient management, including the use of periprocedural pain management, as well as the role of thromboprophylaxis in preventing VTE.

Program Format:
This will be a highly interactive educational session utilizing audience response system technology, clinical cases, and question and answer sessions.

In 2004, the incidence of VTE in the general population was estimated to be 300,000 cases per year in the United States, with a mortality rate of 0.1% to 0.2%. These data suggest that gaps remain in the provision of adequate thromboprophylactic treatment for patients undergoing orthopedic surgery. Higher than expected rates of VTE continue to be reported in up to 10% of patients after surgery. Moreover, the risk continues to be reported in up to 10% of patients after surgery.

VTE Prevention:
In 2004, the incidence of VTE in the general population was estimated to be 300,000 cases per year in the United States, with a mortality rate of 0.1% to 0.2%. These data suggest that gaps remain in the provision of adequate thromboprophylactic treatment for patients undergoing orthopedic surgery. Higher than expected rates of VTE continue to be reported in up to 10% of patients after surgery. Moreover, the risk continues to be reported in up to 10% of patients after surgery.

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To address the gaps in thromboprophylaxis and pain management outlined above, this program will review the key elements of VTE prevention and patient management, as described by the expert faculty present. The faculty will also critically review existing guidelines for skin care and patient management, including the use of periprocedural pain management, as well as the role of thromboprophylaxis in preventing VTE.
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