

Gastroenterology & Hepatology Advanced Practice Providers

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IBD Anticoagulation: Risk Factors for DVT/PE

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Disclosures

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Disclosures

Elisabeth Evans, FNP-BC Employee: Exact Sciences Corporation

- Medical Science Liaison
- CRC Screening Business Unit

Case Study

- Natalie a 22-year-old female with history of ulcerative colitis (pancolitis) recently hospitalized for flare. Treated with IV solumedrol and Infliximab 5 mg/kg.
- Flex sig after 3rd Infliximab infusion shows mild inflammation – much improved.
- Presents for follow up in clinic. Pt mentions left calf pain and red patch on skin.
- What questions do we ask?

A Deeper Dive into Patient History:

- 1. Smoking history? She recently began smoking cigarettes to help her ulcerative colitis
- Medications? Taking OCP (levonorgestrel 0.150mg and ethinyl estradiol 0.030mg)

What do you suspect is the cause of her leg pain and redness?

Venous Thromboembolism – VTE

Deep Vein Thrombosis

- IBD patients have a risk of VTE that is 2- to 3fold greater than that of the general population.
- This risk is higher during disease flares, both for inpatients and outpatients.

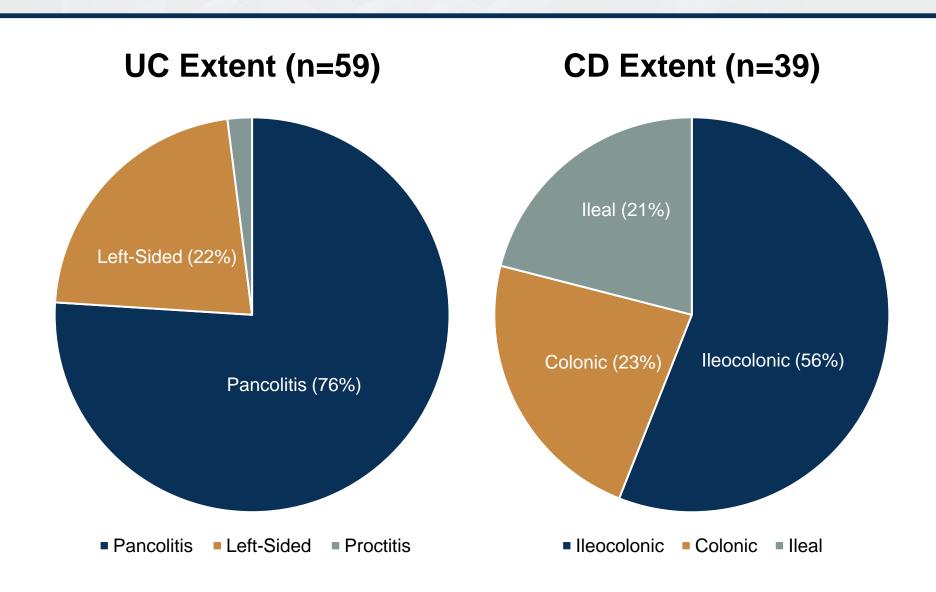
DVT

- DVT occurs when a blood clot forms in one of the large veins, usually in the legs, leading to either partially or completely blocked circulation.
- If left untreated, this clot has the potential to move into the lungs and produce a pulmonary embolism.
 - The classic signs of DVT, especially if it occurs in the lower extremities, are leg pain, swelling, tenderness, and redness or discoloration of the skin.
 - Typical symptoms of a pulmonary embolism are: shortness of breath, rapid pulse, sweating, sharp chest pain that worsens with deep breathing, low blood pressure, unconsciousness and coughing up blood.

Risk Factors for VTE in IBD Patients

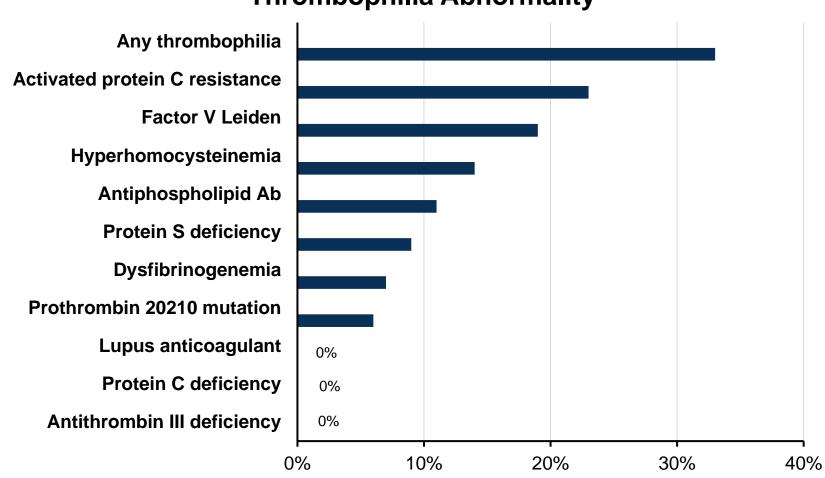
Risk factor	Prevention/treatment modality
Active disease ("inflammatory burden")	Effective anti-inflammatory treatment
Smoking	Referral for smoking cessation
Oral contraceptive use	Advise alternative methods of contraception (progesterone only)
Hyperhomocysteinaemia	Assess the presence of vitamin deficiency (vitamins B6 and B12 and folic acid) and correct if necessary
Dehydration	Provide adequate hydration
Hospitalization / immobilization	Early mobilization, especially after surgery; graduated compression stockings or pneumatic devices. Medications.
Infections	Timely diagnosis and treatment of infections
Indwelling catheters	Limit the use of venous catheters; when possible, administer oral and enteral nutrition
Obesity	Encourage weight loss (diet, exercise)
Long-distance travel	Frequent ambulation, exercise, hydration, compression stockings

Thromboembolism With IBD: Mayo Clinic Rochester Experience



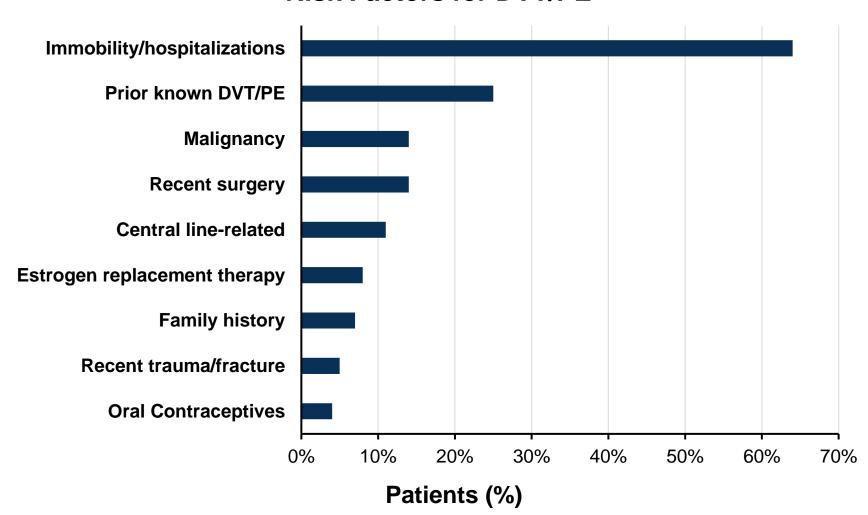
Thromboembolism With IBD: Mayo Clinic Rochester Experience





Thromboembolism With IBD: Mayo Clinic Rochester Experience

Risk Factors for DVT/PE



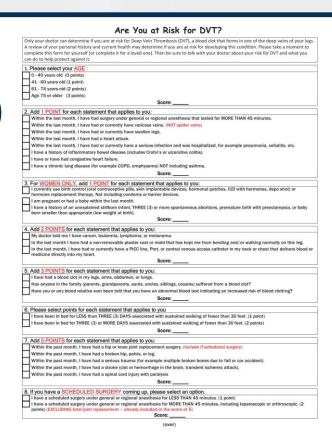
How to Screen People for Risk of DVT



evaluating all of these factors.

February 2013

Caprini Risk Assessment Model



Add up all your points to get your total Caprini DVT Risk Score

Risk scores indicate your odds of developing a DVT during major surgery/hospitalization.

Score 0-2 DVT risk is small.

Patient Follow-Up

- Natalie was sent to ED from clinic and managed by hematology
 - D-dimer, duplex ultrasound, IV heparin then enoxaparin then PO for 3 months.
- Tight management of IBD (may add labs, stool test, flex sig)
- Referred for smoking cessation
- Changed OCP
 - Options include: progestin OCP, progestin injection, progestin implant, progestin IUD. Need to monitor for bone loss q 2 years; Copper IUD

Conclusions

- DVT and PE occur more frequently in IBD patients
 - Patients with chest pain need immediate evaluation, even if they ate younger, female, good health, etc.
 - Increased risk likely due to increased inflammation
 - No one specific thrombophilia is increased
 - Hospitalized patients should be on VTE prophylaxis for 30 days post op