

Effects of prolonged anti blood clot treatment after colorectal surgery

Submission date 03/07/2019	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 10/07/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 09/02/2021	Condition category Surgery	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Blood clots are a common complication after surgery on the colon and rectum, especially when performed for cancer or inflammatory bowel disease. While in the hospital, patients receive a shot of blood thinners to lower the risk. It is generally recommended that patients who are considered high risk continue this when they go home, but it is not done routinely, leading to rates of blood clots still being high. The aim of this study is to see whether giving all patients undergoing colorectal surgery shots at home after surgery is safe and lowers the risk of blood clots.

Who can participate?

Patients undergoing colon and rectal surgery at the division of colorectal surgery at BIDMC

What does the study involve?

All patients are sent home with 30 days of shots of blood thinner from the time of surgery, starting from when they were in the hospital. Patients and family are taught how to do the shots. Visiting nurses also arrange to come to the patients' homes to help with injections and more teaching.

What are the possible benefits and risks of participating?

Participating may decrease the chance of blood clots.

Where is the study run from?

Beth Israel Deaconess Medical Center (BIDMC), Boston, MA (USA)

When is the study starting and how long is it expected to run for?

August 2017 to December 2018

Who is funding the study?

Not funded – this is a quality improvement project, costs of medications and visiting nurses are covered by insurance

Who is the main contact?
Dr Vitaliy Poylin
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Contact information

Type(s)
Scientific

Contact name
Dr Vitaliy Poylin

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
BIDMC 2

Study information

Scientific Title
Minimal effect of universal extended prophylaxis on rates of venous thromboembolic events after colorectal surgery in a tertiary care center. Is compliance the problem?

Study objectives
Extended VTE (venous thromboembolism) prophylaxis is safe after colon and rectal surgery and will decrease overall rates of VTE.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 11/19/2018, Institutional Review Board at Beth Israel Deaconess Medical Center (330 Brookline Ave., Boston, MA 02115, USA; Email: jripton@bidmc.harvard.edu)

Study design

Prospective quality improvement trial, comparison to historic controls

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Colon and rectal surgery, venous thromboembolism

Interventions

Universal extended (30 days after surgery) prophylaxis with enoxaperin. Enoxaperin dose was weight based and used for 30 days after surgery. Survey was done 30 days after surgery.

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Enoxaperin

Primary outcome measure

1. Complications from extended use of enoxaperin, measured using chart review and phone interview at 30 days after surgery
2. Compliance with extended prophylaxis regimen, measured using phone survey at 30 days after surgery

Secondary outcome measures

1. Rates of VTE measured using chart review and NSQIP data collection at 30 days after surgery
2. Other complications measured using chart review at 30 days after surgery

Overall study start date

01/08/2017

Completion date

31/01/2019

Eligibility

Key inclusion criteria

All patients undergoing colon and rectal surgery at BIDMC between 11/1/2017 and 10/31/2018

Participant type(s)

Patient

Age group

All

Sex

Both

Target number of participants

270

Total final enrolment

270

Key exclusion criteria

1. Patients with contraindication for use of low molecular weight heparin
2. Patients already on anticoagulation for other conditions

Date of first enrolment

01/11/2017

Date of final enrolment

31/10/2018

Locations

Countries of recruitment

United States of America

Study participating centre

Beth Israel Deaconess Medical Center

330 Brookline Ave

Boston

United States of America

02215

Sponsor information

Organisation

Beth Israel Deaconess Medical Center

Sponsor details

330 Brookline Ave

Boston

United States of America

02215

+1 (0)617 667 7000

vpoylin@gmail.com

Sponsor type

Hospital/treatment centre

ROR

<https://ror.org/04drvxt59>

Funder(s)

Funder type

Other

Funder Name

Investigator initiated and funded

Results and Publications

Publication and dissemination plan

Submitted to a journal for publication.

Intention to publish date

01/12/2019

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Vitaliy Poylin (vitaliy.poylin2@nm.org).

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/01/2021	09/02/2021	Yes	No