

Testing whether taking aspirin before surgery can help prevent blood clots in people having orthopaedic operations

Submission date 09/03/2026	Recruitment status Recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 10/03/2026	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 10/03/2026	Condition category Surgery	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

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Study information

Scientific Title

Pre-operative ASpirin for Thromboembolism prophylaxis (PAST) trial: A phase II open-label single-arm trial to evaluate the efficacy and safety of aspirin in preventing thromboembolism in patients undergoing orthopaedic surgery

Acronym

PAST

Study objectives

Primary objective:

To evaluate the efficacy of aspirin in preventing the incidence of venous thromboembolism (VTE) in patients undergoing orthopedic surgery (Spine, MSK tumor and Hip/Knee arthroplasty procedures)

Secondary objectives:

1. To assess the safety of aspirin by monitoring bleeding complications (major and minor)
2. To evaluate the incidence of thromboembolic events (DVT and PE)
3. To assess functional recovery and quality of life post-surgery
4. To evaluate the incidence of adverse events (e.g., gastrointestinal issues, renal complications)

Ethics approval required

Ethics approval required

Ethics approval(s)

submitted 05/11/2025, Medical Research Ethics Committee (MREC) (Sultan Qaboos University Hospital, Muscat, 112, Oman; +968 2414 3468; mrec@squ.edu.om), ref: 046/2025

Primary study design

Interventional

Allocation

N/A: single arm study

Masking

Open (masking not used)

Control

Active

Assignment

Single

Purpose

Prevention

Study type(s)

Health condition(s) or problem(s) studied

Preventing thromboembolism in patients undergoing orthopedic surgery

Interventions

Patients will be administered aspirin (100 mg) as per protocol, starting within 12 hours pre-surgery stat dose of 100 mg. then 100 mg BID for the next 30 days post operation. Adherence to the medication will be monitored, and any issues with compliance will be documented.

Follow-Up Visits:

Post-surgical clinical visits will take place at 2 weeks, 4 weeks and 8 weeks post-surgery, or earlier if clinically indicated.

Monitoring:

Regular monitoring for bleeding (via clinical examination and Laboratory) and thromboembolic events (via ultrasound for DVT, CT or VQ scan for PE)

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

aspirin

Primary outcome(s)

1. The incidence of VTE in patients undergoing orthopedic surgery (Spine, MSK tumor and Hip /Knee arthroplasty procedures) measured using rate/ numbers of thromboembolic events at from day 1 post surgery until 3 months post surgery

Key secondary outcome(s)

1. Hemoglobin level measured using laboratory hemoglobin test at 12 hours pre surgery, post-operative day 1, post-operative day 3, and any time if clinically indicated

2. Baseline hematocrit measured using laboratory hematocrit test at 12 hours pre surgery

3. Estimated intra-operative blood loss measured using surgical estimation recorded by the anaesthetist and surgeon at during surgery

4. Post-operative clinical signs of bleeding measured using daily clinical examination of the wound for hematoma, excessive oozing or ecchymosis at post-operative day 1 until discharge or as clinically indicated

5. Participant-reported bleeding symptoms measured using symptom questioning at follow-up visits at 2 weeks, 6 weeks, 3 months

6. History of gastrointestinal risk factors measured using medical history review for peptic ulcer disease, dyspepsia or H. pylori infection at 12 hours pre surgery

7. Gastrointestinal symptoms potentially related to aspirin measured using symptom questioning for dyspepsia, heartburn, nausea, vomiting, abdominal pain or melena at 2 weeks, 6 weeks, 3 months

8. Concomitant use of NSAIDs or corticosteroids measured using medication review at 12 hours pre surgery, 2 weeks, 6 weeks, 3 months

9. Serum creatinine measured using laboratory serum creatinine test at 12 hours pre surgery, post-operative day 3, 6 weeks, 3 months

10. Estimated glomerular filtration rate (eGFR) measured using laboratory eGFR test at 12 hours pre surgery, post-operative day 3, 6 weeks, 3 months

Completion date

21/06/2026

Eligibility

Key inclusion criteria

1. Patients aged 18-90 years
2. Scheduled for elective or emergency orthopedic surgery (hip replacement, knee replacement, spine, and tumor procedures)
3. Able and willing to provide informed consent
4. No contraindications to aspirin use (e.g., active bleeding disorders, aspirin allergy)

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 years

Upper age limit

90 years

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Pre-existing DVT or pulmonary embolism
2. Current use of other anticoagulants or antiplatelet agents
3. Significant renal or hepatic insufficiency
4. Pregnancy or breastfeeding

Date of first enrolment

08/03/2026

Date of final enrolment

14/06/2026

Locations

Countries of recruitment

Oman

Sponsor information

Organisation

Sultan Qaboos University Hospital

ROR

<https://ror.org/049xx5c95>

Funder(s)

Funder type**Funder Name**

Investigator initiated and funded

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Not expected to be made available