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EDITORIAL

Is aspirin effective and safe for venous thromboembolism prophylaxis after total hip and knee replacement?

O. Şahap Atik, MD

President, Turkish Joint Diseases Foundation, Ankara, Türkiye

With the advances in surgical techniques, improved patient safety and strict reliable selection criteria, the number of total joint arthroplasty (TJA) surgeries has markedly increased in recent years.[1-5]

The effectiveness and safety of aspirin do not appear to be statistically significantly different from other anticoagulants used for venous thromboembolism (VTE) prophylaxis after total hip arthroplasty (THA) and total knee arthroplasty (TKA); hence, it remains an option for use.[6]

In the literature, there are a number of data that demonstrate the efficacy of aspirin in the prevention of VTE following TJA. Aspirin is inexpensive, easy to administer, and reasonably well tolerated; requires no blood monitoring; has an excellent safety profile; and continues to increase in popularity for VTE prevention after THA and TKA.[7]

Although aspirin is established as an effective prophylaxis for VTE after TJA, there is no consensus as to whether low- or regular-dose aspirin is more effective in preventing VTE. In a retrospective study including 7,488 patients, no significant difference was observed in the incidence of symptomatic VTE after THA with low-dose versus standard-dose aspirin. In the absence of compelling evidence to the contrary, low-dose aspirin appears to be a reasonable option for VTE prophylaxis in otherwise healthy patients undergoing elective THA.[8]

In conclusion, low-dose aspirin in patients with limited comorbidities undergoing primary THA and TKA is associated with significant lower rates of bleeding and suture reactions than high dose aspirin. Low-dose aspirin is not inferior to higher-dose aspirin for the prevention of VTE, wound complications, and infection on postoperative Day 90.[9]

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Correspondence: O. Şahap Atik, MD. Turkish Joint Diseases Foundation, Mustafa Kemal Mah., Dumlupınar Bul., 274/2, C2 Blok, Ofis 5, 06900 Çankaya, Ankara, Türkiye.
E-mail: satikmd@gmail.com

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