

Risks of Blood Clots

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To help reduce the Risks of Blood Clots we take a number of precautions including leg compression devices in the operating room. In addition, we give medication to those at high risk to reduce the overall risks.

Patients at high risk for blood clots include:

- Those with long car or train commutes
- May be overweight
- Have a history of having cancer
- Females on birth control pills
- Males over the age of 40
- Prior history of a clot

These patients should be taking **1 baby aspirin** per day for 6 weeks after surgery unless allergic to aspirin. Patients with more than two risk factors or prior history of clots should ask their primary physician if a blood thinner is required. Patients already on Aspirin or a blood thinner for a heart stent, A-fib (atrial fibrillation) or a heart valve must consult with their cardiologist. Patients who have a history of clots in the past or three or more of the above risk factors should ask if they should be on a prescription blood thinner post op for at least six weeks.

Patients with a **prior blood clot** or a **family (genetic) history** of increased risk for blood clots may need a formal blood thinner. These include Coumadin or one of the newer agents like Xarelto or Eliquis. *** Some genetic factors or a family history of clots include:

Factor V Leiden

Protein S Deficiency

Relative with a prior DVT or PE history

You must tell Dr. Reznik if you have these issues.

Doing the exercises (like ankle pumps), using aspirin and compressive stockings will also reduce the risk of blood clots.

Reasons for not using clot protection medications or aspirin include: A history of chronic bruising, a bleeding disorder like hemophilia, Von Willebrand's Disease, history of



low platelet counts or on chemotherapy now with low blood counts. These patients must discuss possible bleeding risks with their primary physician and Dr Reznik before surgery.

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