

Continuation of Antithrombotic Use in Hand Surgery: An Analysis of Risks and Benefits

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Background

Hand Surgery + Continued Antithrombotic Usage **caused an** increase of bleeding complications risk

Thus the question, is the increased risk of bleeding complications preferable to the increased risk of thromboembolic episodes?

Why hand surgery?
No clear guidelines or conclusions, significantly less research on hand surgery

Discussion & Conclusion

On the majority of cases, the risk of thromboembolic increase **outweighs** the risk of bleeding complications.

However, decisions still need to be done on a case-by-case basis by an expert physician.

Due to low surgery procedures with WALANT, a reliable conclusion cannot be made.

Ethical problems with discontinuing antithrombotic due to the increase in thromboembolic risk, this cause a low number procedure discontinue antithrombotic.

Limitations

- Lack of study on:**
- WALANT technique usage on hand surgery
 - Discontinuation of antithrombotic
 - Newer oral anticoagulants
 - The effect of bone involvement in hand surgery with the rate of bleeding complications

Recommendation

- Further look into the involvement of WALANT, newer oral anticoagulant, and type of surgery with the rate and the severity of bleeding complication in hand surgery.
- Avoid the usage of case series and case studies

References

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Methods (PRISMA System)

Risk of Bias was done using ROBINS–I assessment tool for non-randomized studies.¹¹

Quality of Evidence was done using Grading of Recommendations Assessment, Development and Evaluation (GRADE).¹²

The severity of bleeding complications was measured using Clavien–Dindo complication grade.¹⁰

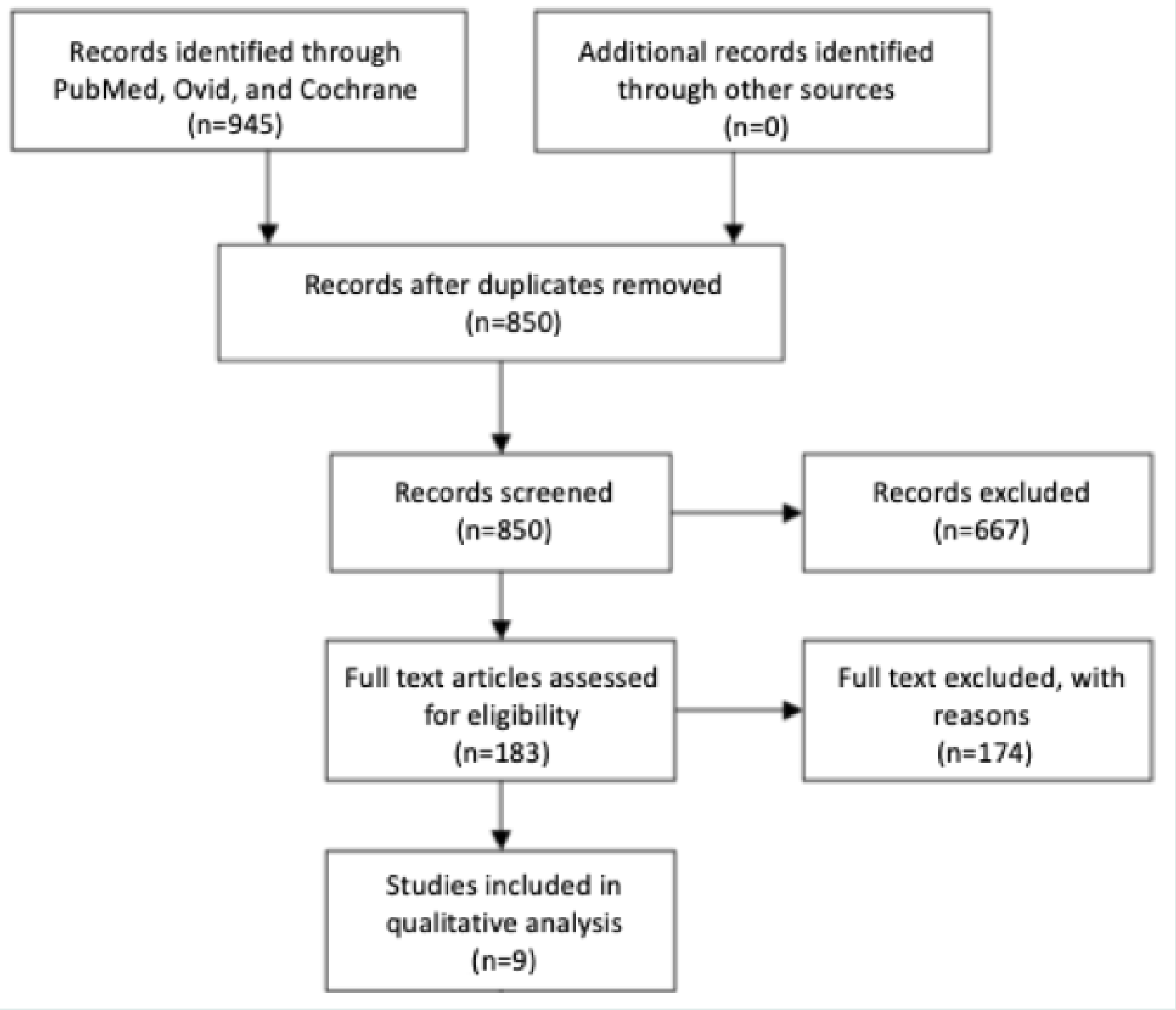


Figure 1: PRISMA Diagram

Table 1: Comparison of bleeding complications reported in the nine studies of patients who continued and discontinued antithrombotic during hand surgery.^{2,3,4,5,6,7,8,9}

Study Number	Cohort	Total number of procedures	Total bleeding complications	Bleeding complications not requiring reoperation		Bleeding complications requiring reoperation	
				No of complications (%)	Type of complication	No of complications (%)	Type of complication
1	Continue AT	52	1	1 (1.92%)	Hematoma	-	-
2	Continue AT	12	1	1 (8.33%)	Hematoma	-	-
	Discontinue AT	9	0	-	-	-	-
3	Continue AT	8	0	-	-	-	-
	Discontinue AT	7	0	-	-	-	-
4	Continue AT	50	10	10 (20%)	Hematoma	-	-
	Discontinue AT	50	9	9 (18%)	Hematoma	-	-
5	Continue AT	6	0	-	-	-	-
	Discontinue AT	25	0	-	-	-	-
6	Continue AT	47	15	14 (29.8%)	Hematoma	1 (2.1%)	Hematoma and acute carpal tunnel syndrome
7	Continue AT	92	1	0 (0%)	Hematoma	1 (1.1%)	Hematoma and acute carpal tunnel syndrome
8	Continue AT	90	14	14 (15.6%)	Hematoma	-	-
9	Continue AT	48	0	-	-	-	-
Total	Continue AT	405	42 (10.37%)	40 (9.88%)	Hematoma	2 (0.49%)	Hematoma and acute carpal tunnel syndrome
	Discontinue AT	91	9 (9.89%)	9 (9.89%)	Hematoma	0 (0%)	-

AT: Antithrombotic

Table 2: Comparison between WALANT versus tourniquet technique on the rate and severity of the bleeding complications.^{1,2,3,4,5,6,8}

Study Number	Surgery Procedures	No of procedures	Clavien-Dindo Complication Grade (%)				
			I	II	III	IV	V
2	Tourniquet	12	1 (8.33%)	-	-	-	-
4	Tourniquet	50	10 (20%)	-	-	-	-
5	WALANT	6	-	-	-	-	-
6	Tourniquet	47	14 (29.8%)	-	1 (2.13)	-	-
7	Tourniquet	92	-	-	1 (1.1%)	-	-
8	Tourniquet	90	14 (15.6%)	-	-	-	-
9	Tourniquet	48	-	-	-	-	-
Total	Tourniquet	339	39 (11.50%)	-	2 (0.59%)	-	-
	WALANT	6	-	-	-	-	-

–39 bleeding complications (11.50%) occurred in surgery procedures with a tourniquet.

– No bleeding complications occurred in surgery procedures with the WALANT method.