



Contents lists available at ScienceDirect

The Journal of Arthroplasty

journal homepage: www.arthroplastyjournal.org



World Expert Meeting in Arthroplasty 2024

Is Aspirin an Effective Prophylaxis Against Venous Thromboembolism in Patients Undergoing Routine Total Knee or Total Hip Arthroplasty?



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ARTICLE INFO

Article history:

Received 17 September 2024

Received in revised form

17 October 2024

Accepted 18 October 2024

Available online 9 November 2024

Is aspirin an effective prophylaxis against venous thromboembolism in patients undergoing routine total knee or total hip arthroplasty?

Response/Recommendation: Aspirin chemoprophylaxis is effective against venous thromboembolism following total knee or total hip arthroplasty. Besides its efficacy, aspirin is also inexpensive, convenient, safe to administer, and requires no routine blood monitoring.

Level of evidence: Strong.

Agree: 85.1%, Disagree: 10.1%, Abstain: 4.8%.

Keywords:

aspirin

DVT

total knee arthroplasty

total hip arthroplasty

prophylaxis

thromboembolic

Rationale

The role of aspirin in the prophylaxis of venous thromboembolism (VTE) following total joint arthroplasty has been extensively studied. We found eight reviews (10 reports) that discussed the rate of VTE between aspirin and low-molecular-weight heparin (LMWH) [1,2], Factor Xa inhibitors [3–6], and other anticoagulants [1,7,8].

Regarding deep vein thrombosis (DVT), aspirin was found to be as effective as LMWH and more effective than factor Xa inhibitors. The pulmonary embolism rate in patients treated with aspirin was

No author associated with this paper has disclosed any potential or pertinent conflicts which may be perceived to have impending conflict with this work. For full disclosure statements refer to <https://doi.org/10.1016/j.arth.2024.10.090>.

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comparable to those treated with warfarin and LMWH, but it was higher when compared to factor Xa inhibitors. In terms of secondary complications, aspirin was associated with a lower risk of bleeding events, including major, minor, and total bleeding. Additionally, there was no significant difference in the mortality rates between patients treated with aspirin and those treated with other anticoagulants following total hip arthroplasty and/or total knee arthroplasty. Hu et al. carried out a study, whose findings demonstrated that the efficacy of aspirin was comparable with that of rivaroxaban in VTE prevention [3]. Similar findings were reported by Le et al. through their systematic review and meta-analysis [6]. Many researchers have compared the effectiveness of aspirin with other thromboprophylaxis agents, namely warfarin and LMWHs [1,8–10]. While some pointed out that there was no statistically significant difference in VTE prevention between aspirin and LMWH or warfarin. Freedman et al. reported an increased risk of VTE using aspirin [11]. Studies have compared the incidence of DVT

in aspirin-treated patients with those prescribed other anticoagulants. Analyzing data extracted from these RCTs, Dresche et al. found that the risk of DVT and pulmonary embolism was not significantly different between aspirin and other anticoagulants [12].

In a recent analysis on a national database, Parvizi et al. examine trends and outcomes in the use of low-dose aspirin versus other chemoprophylaxis for VTE prevention in total knee arthroplasty. Researchers assessed VTE risk profiles based on comorbidities and calculated odds ratios and 95% confidence intervals for various thromboprophylaxis methods in high- and low-VTE-risk patients. Among 126,692 patients, the use of low-dose aspirin rose from 7.7 to 55.3%, while other prophylaxis decreased from 96.3 to 43.0%. Low-dose aspirin was more prevalent in low-risk populations (odds ratio 1.17; 95% confidence interval, 1.15 to 1.20). Both high- and low-risk patients on low-dose aspirin experienced reduced odds of DVT, pulmonary embolism, bleeding, infections, and hospitalizations compared to those on other prophylaxis regimens [13].

CRediT authorship contribution statement

Ali Parsa: Writing – review & editing, Writing – original draft, Methodology. **Ibrahim Tuncay:** Writing – original draft, Methodology. **Hamed Vahedi:** Writing – original draft, Data curation. **Ibrahim Azboy:** Writing – original draft, Data curation. **Oliver Marin-Pena:** Writing – original draft, Data curation. **William Hozack:** Writing – review & editing, Methodology. **Javad Parvizi:** Writing – review & editing, Supervision, Methodology, Data curation, Conceptualization.

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