

most common in CAS than in CEA patients (30.7% vs 26.6%, $p=0.042$). Diabetic patients were younger ($p=0.005$) and more frequently had hypertension ($p=0.015$) or coronary disease ($p=0.019$). Perioperative stroke/death rate was 2.3% (36/1568) in non-diabetic vs 2.7% (17/629) in diabetic patients ($p=0.54$); 3.4% in diabetic CEA group and 2.1% in diabetic CAS group. At multivariate analyses diabetes was found predictor of perioperative stroke/death only in CEA group (OR 3.04; 95%CI 1.107-8.362; $p=0.031$) but not in CAS group ($p=0.45$) or in overall patients ($p=0.38$). Six-year survival was 78.4% in diabetic and 82.5% in non-diabetic ($p=0.15$). The 6-year risk of late stroke was similar (5.0%) in diabetic and non diabetic patients. Six-year restenosis estimates were 5% in diabetic and 8% in non-diabetic patients ($p=0.1$). Survival, late stroke and restenosis rates between diabetic and non-diabetic were similar in CAS and CEA groups.

Conclusions: Diabetic patients are not at greater risk of perioperative morbidity, mortality and late stroke after CAS.

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S7: SVS Plenary Session VII

SS32.

Implementation and Early Results of a Hospital Wide Program to Reduce the Incidence of Venous Thromboembolic Events

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Objectives: Venous thromboembolic disease (VTE) is a major cause of morbidity and mortality in hospitalized patients. Despite evidence confirming the benefit of prophylaxis, many patients do not receive prevention and develop VTE. We implemented and studied a hospital wide program to assure all patients have VTE risk and prevention addressed.

Methods: Beginning June 2010, all patients admitted to a 2,300 bed academic medical center had VTE risk addressed in their electronic admission orders. Risk assessment and prophylaxis were monitored using Microsoft AMALGA software and hospital electronic health record (ECLIPSYS). VTE rates were monitored through chart review by certified coders. Rates were calculated as VTE per 1000 patient discharges and rates were compared with chi-square. AMALGA software allowed real-time assessment of all patients risk scores and prophylaxis regimens.

The number of discharges from the institution is approximately 62,000 per year.

Results: Data are shown in table 1. Compared to the first half of 2010 VTE decreased significantly after implementation of the program. Compliance with prophylaxis also doubled after implementation. 32% of patients deemed low-risk by admitting physician were actually high risk. Of these, 65% were already on appropriate prophylaxis. In the remaining 35%, responsible physicians were contacted and prophylaxis implemented unless contraindicated.

Conclusions: A hospital-wide VTE prevention program that evaluates all admitted patients is feasible even in large medical centers. Preliminary data suggest that there is a significant decrease in VTE events and significant improvement in prophylaxis rates. The AMALGA software allows real-time monitoring of risk and prophylaxis resulting in the ability to correct errors and provide appropriate prophylaxis when indicated.

	Inappropriate prophylaxis	Rate of VTE per 1000 discharges
Pre implementation	46%	5.75
Post implementation	22%	4.22
	$p=.011$	$p=.003$

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SS33.

Impact of Graduated Compressive Stockings on the Prevention of P-Thrombotic syndrome: Results of a Randomized Trial

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Objectives: Post-thrombotic syndrome (PTS) is a common chronic complication of acute deep venous thrombosis (DVT) in the lower extremity with as many as two-thirds of patients developing symptoms of pain, edema, hyperpigmentation or ulceration. The role of graduated compressive stockings (30-40mm Hg knee length) in the prevention of PTS has been studied with the opinion being divided on the beneficial effects. We aim to answer this question with a randomized controlled study that used multiple scoring instruments to assess post thrombotic syndrome.

Methods: 69 consecutive patients with an acute DVT diagnosed by duplex ultrasonography were randomized to treatment with graduated compressive stockings (GCS) or no stockings to assess the impact of GCS on the prevention of PTS. Venous Clinical Severity