

warranted, particularly where utilization rates exceed DVT incidence.

**Table.**

Procedure category	Primary cases (N)	Secondary VCF utilization rate (per 1000 cases)	DVT rate (per 1000 cases)
Bariatric	69,814	2.49	1.58
Colon	108,898	0.38	7.77
Hepatobiliary	87,454	0.16	2.24
Peripheral vascular	22,445	0.62	7.31
Gastric (non-bariatric)	7,972	1.63	7.65
Amputation	6,312	1.58	8.40
Abdominal exploratory	7,811	1.28	13.95
Aortic	7,173	1.25	9.34
Hernia repair	51,520	0.16	1.98
Skin/soft tissue	3,463	2.30	4.90
Endocrine	2,019	3.47	2.97
Esophageal	13,143	0.46	5.25
Small bowel	14,454	0.42	12.94

**Author Disclosures:** R. C. Allen: Nothing to disclose; J. Avise: Nothing to disclose; L. P. Brewster: Nothing to disclose; M. A. Corriere: Nothing to disclose; Y. Duwayri: Nothing to disclose; M. S. Edwards: Nothing to disclose; P. P. Goodney: Nothing to disclose; R. R. Rajani: Nothing to disclose; R. K. Veeraswamy: Nothing to disclose.

#### PS142.

##### Rates of Elastic Compression Stockings Prescription following Diagnosis of Deep Venous Thrombosis

Ahmed Kayssi, Andrew Petrosioniak, Jeremy Levenstadt, Naomi Eisenberg, Graham Roche-Nagle. Department of Vascular Surgery, Toronto General Hospital, Toronto, ON, Canada

**Objectives:** The post thrombotic syndrome (PTS) is a chronic condition that develops in 20% to 50% of patients after deep venous thrombosis (DVT). It is characterized by chronic pain, swelling and heaviness, and may result in ulceration. Elastic compression stockings (ECS) worn daily after DVT have been shown to reduce the incidence and severity of PTS. The aim of our study was to investigate practices and perceptions of physicians regarding adjunct therapies to anticoagulation in patients diagnosed with lower extremity DVT.

**Methods:** An online survey was conducted of Canadian primary care staff physicians and residents (n=685) to investigate their attitudes towards prescription of ECS post diagnosis of DVT.

**Results:** The results demonstrated that the majority of staff physicians (58%) and residents (58%) were unsure whether ECS were effective in preventing PTS and in managing venous symptoms. This resulted in only 12% of staff physicians and 26% of residents routinely prescribing ECS for below-knee DVTs. Only 10% of staff physicians and 12% of residents routinely prescribed ECS for above-

knee DVTs. More than 70% of respondents were unsure about the optimal timing of initiation of ECS and duration of therapy. A majority of staff and resident respondents correctly predicted two out of the top three reasons for patient non-compliance (soreness and the need for assistance, but not cosmesis).

**Conclusions:** Daily use of graduated ECS after DVT appears to reduce the risk of PTS. Our results demonstrate that there is a lack of consensus among medics regarding ECS use after DVT. There is a need for widespread education regarding the latest evidence of the benefit of ECS after DVT.

**Author Disclosures:** N. Eisenberg: Nothing to disclose; A. Kayssi: Nothing to disclose; J. Levenstadt: Nothing to disclose; A. Petrosioniak: Nothing to disclose; G. Roche-Nagle: Nothing to disclose.

#### PS144.

##### Rare Incidence of Pulmonary Embolism following Upper Extremity DVT (UEDVT) Suggests Role for More Selective Anticoagulation

Mark M. Levy, Francisco C. Albuquerque, Michael F. Amendola, Derek R. Brinster, John Pfeifer. Surgery, Virginia Commonwealth University, Richmond, VA

**Objectives:** Current Chest guidelines counsel at least 3 months of anticoagulation (AC) to treat UEDVTs, yet are not consistently followed among fragile patients. We sought to correlate AC use with DVT characteristics and patient outcomes.

**Methods:** Four hundred consecutive UEDVT patients were identified between 2005 and 2009 from our Vascular Lab Registry. Sonographic and patient characteristics, AC treatment, PE incidence, mortality and hemorrhagic complications were reviewed.

**Results:** Among the 400 patients, UEDVT was documented in the distal innominate (n=91), internal jugular (n= 192), subclavian (n= 211), axillary (n= 146), and brachial veins (n=125). Most were symptomatic (n=350, 88%), with sonographically acute appearance (n=335, 84%). Many patients had documented malignancy (n=153, 38%), or associated central venous lines (n=323, 81%), and most were treated with heparin and/or warfarin. (n=207, 52%). Thirteen patients (3%) suffered PE in association with their UEDVT diagnosis. There was no PE-related mortality. Following discharge, 4 patients treated with warfarin died from intracranial hemorrhage. Five additional patients required hospital readmission for AC-related intracranial, GI, and stomal hemorrhage.

**Conclusions:** AC is most commonly used to treat more extensive acute DVT components in younger patients with better short-term survival. The incidence of PE does not appear to be improved by AC treatment. Given the observed morbidity and mortality associated with AC, and the