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Title: USE OF LMWH IN TVT (TENSION-FREE VAGINAL TAPE) OPERATIONS OF PATIENTS WITH THROMBEMBOLISM RISK

Aims of Study:

To determine whether LMWH prophylaxis of patients with thrombo-embolism risk leads to an increase in hemorrhagic complications.

Methods:

In 1999-2001, a study was conducted .of the incidence of hemorrhagic complications within a group of 114 women, aged 37-82, and operated on due stress incontinence with the use of TVT. In 66 cases, only TVT was implanted, while in the remaining cases (48) TVT was combined with vaginal hysterectomy, reconstruction of pelvic floor, or suspension of vaginal wall on sacrospinal ligament. With 76 patients with increased risk of thrombo-embolism, we applied LMWH in prophylactic dose (enoxaparine 0.2 ml, nadroparine 0.3 ml) combined with antithrombotic stockings. The incidence of haematomas with a diameter of 4 to 8 cm was considered to be a minor hemorrhagic complication. No major hemorrhagic complications occurred. With 38 patients with low risk of thrombo-embolism, LMWH was not applied; antithrombotic stockings were used only. The incidence of hemorrhagic complications in both groups is summed up in the following table. Not a single case of thrombo-embolism was recorded.

Results:

No. of patients	LMWH	Haematom a 4-8 cm	%
76	Yes	3	3.9
38	No	2	5.3

Conclusions:

The use of LMWH for prophylaxis of thrombo-embolism when performing TVT implantation did not lead to any increase in the number of hemorrhagic complications; is can therefore be considered to be safe.

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