The objective of this study was to describe the rates of periprocedural bleeding events in bedside intensive care unit (ICU) patients undergoing Percutaneous Endoscopic Gastrostomy (PEG) or Percutaneous Dilational Tracheostomy (PDT) after exposure to thromboembolic prophylaxis.

INTRODUCTION

PDT and PEG are common procedures performed in the intensive care unit (ICU). Venous thromboembolism (VTE) prophylaxis is frequently prescribed to ICU patients, and it remains unclear whether pre-procedure discontinuation is necessary. In this prospective cohort study, we aimed to describe the difference in rates of bleeding complications between patients who did and did not have prophylactic anticoagulation held prior to bedside PEG or PDT.

METHODS

This multi-center prospective observational study aimed to describe bleeding rates in patients undergoing bedside PEG or PDT who did or did not have VTE prophylaxis held. Decision to hold prophylaxis was made by the operating physician. The primary endpoint was the rate of peri-procedural bleeding complications. Secondary endpoints included quantification of held doses in the peri-procedural period, rate of venous thromboembolism, and characteristics associated with having prophylaxis held.

RESULTS

91 patients were included over a 2-year period. Patients were on average aged 54 years, 40% female, mostly admitted to the trauma service (59%), and most commonly underwent bedside PDT (59%).

Overall, 21% of patients had doses of pre-procedure prophylaxis held. Bleeding events occurred in 1 patient (1.4%) who had prophylaxis continued and in 1 patient (5.0%) who had prophylaxis held, a rate difference of 3.6% (95% CI–9.5%, 16.7%). One bleeding event was managed with bedside surgical repair and one with blood transfusion.

Bleeding complications were rare and did not significantly differ depending on whether prophylaxis was held or not. Future research is required to confirm the lack of risk with continuing prophylaxis through bedside procedures. PMID :35854014.

CONCLUSIONS

Bleeding complications were rare and did not significantly differ depending on whether prophylaxis was held or not. Future research is required to confirm the lack of risk with continuing prophylaxis through bedside procedures. PMID :35854014.