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Venous thrombosis following lower-leg cast immobilization and knee arthroscopy: From a population-based approach to individualized therapy

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Venous thrombosis following lower-leg cast immobilization and knee arthroscopy

From a population-based approach to individualized therapy

1. A prophylactic regimen of low-molecular-weight-heparin for eight days after knee arthroscopy or during the complete immobilization period in patients with casting of the lower leg is not effective for the prevention of symptomatic venous thromboembolism.
-this thesis-
2. For patients with a history of venous thromboembolism who are undergoing surgery or are treated with a lower leg cast, the risk of recurrent venous thromboembolism is high.
-this thesis-
3. Estimating the risk of venous thromboembolism risk following lower leg cast immobilization or following knee arthroscopy is feasible by using a risk prediction model.
-this thesis-
4. A targeted approach, by identifying high-risk patients who may benefit from a higher dose or longer duration of thromboprophylactic therapy, is a promising next step to prevent symptomatic VTE following lower leg cast immobilization or knee arthroscopy.
-this thesis-
5. The best treatment strategy to prevent symptomatic venous thromboembolism following lower leg cast immobilization or following knee arthroscopy is yet to be determined.
6. Prognostic models are meant to assist and not to replace clinicians' decisions. Accurate estimation of risks of outcomes can enhance informed decision making with the patient.
-Adapted from PLoS Med 10(2): e1001381-
7. The first developed prediction model is not the last.
8. Voor de dagelijkse klinische praktijk is het essentieel dat onderzoeksresultaten op de juiste manier worden geïnterpreteerd en toegepast. Om dit te waarborgen is een intensievere samenwerking tussen epidemiologen en dokters aan te raden.
9. Allereerst, niet schaden. Geef geen tromboseprofylaxe wanneer dit niet effectief is.
-Adapted from Eed van Hippocrates-
10. Een bloedstollende film is niet alleen maar eng.
-Adapted from BMJ 2015;351:h6367-