

Prevention of Venous Thromboembolic Events After Gynecologic Surgery

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Continuing medical education credit for "Prevention of Venous Thromboembolic Events After Gynecologic Surgery" will be available through January 2015.

1. If using low-dose unfractionated heparin in high-risk patients, the heparin should be administered in the following manner:

- A. 1,000 units every 8 hours
- B. 5,000 units every 8 hours
- C. 5,000 units every 12 hours
- D. 10,000 units every 6 hours
- E. 15,000 units every 12 hours

2. Studies that have evaluated the odds of developing a venous thrombotic event have demonstrated that the highest risk is associated with:
- A. Prior venous thromboembolism
 - B. Immobilization
 - C. Surgery
 - D. Female gender
 - E. Age greater than 40 years
3. When stratified by the level of complexity of the surgery, age, and other risk factors, and compared to open surgeries, laparoscopic surgeries carry a risk of venous thrombotic events that is:
- A. Markedly lower
 - B. Slightly lower
 - C. Roughly equivalent
 - D. Slightly higher
 - E. Markedly higher
4. A 35-year-old woman is scheduled to undergo a total laparoscopic hysterectomy for symptomatic leiomyomas. She is taking oral contraceptives and has a body mass index (BMI) of 30. Based on the patient's history and planned procedure, of the following, the most appropriate strategy for prophylaxis against venous thrombotic events would be:
- A. Early ambulation only
 - B. Intermittent pneumatic compression
 - C. Low-dose unfractionated heparin (10,000 units twice daily)
 - D. Coumadin anticoagulation starting 6 hours after surgery
 - E. No special prophylaxis is required
5. Based on available studies, which of the following has proven to be effective in venous thrombotic event prophylaxis for gynecologic cancer patients?
- A. Low molecular weight heparin
 - B. Low-dose unfractionated heparin given as 5,000 units every 8 hours
 - C. Intermittent pneumatic compression devices
 - D. A and B
 - E. All of the above

6. The greatest problem with the use of intermittent pneumatic compression devices for preventing venous thrombotic events is:
- A. Limited patient acceptance
 - B. Undocumented benefit
 - C. Poor compliance on regular nursing units
 - D. Duration of use required
 - E. Increased rate of skin complications
7. The most common complication of low-dose unfractionated heparin thromboprophylaxis is:
- A. Increased operative blood loss
 - B. Increased injection site and wound hematoma formation
 - C. Injection site skin slough
 - D. Systemic allergic reaction
 - E. Heparin-induced thrombocytopenia
8. Of the following, the greatest advantage of low-molecular-weight heparin thromboprophylaxis over the use of unfractionated heparin is:
- A. Increased risk reduction
 - B. Lower rate of wound hematoma formation
 - C. Lower cost
 - D. Lower rate of heparin-induced thrombocytopenia
 - E. Increased renal clearance
9. Based on available data, the most reasonable use of pharmacologic thromboprophylaxis is to administer it:
- A. Up to 1 hour preoperatively or beginning 3 hours postoperatively
 - B. Up to 1 hour preoperatively or beginning 6 hours postoperatively
 - C. Up to 2 hours preoperatively or beginning 3 hours postoperatively
 - D. Up to 2 hours preoperatively or beginning 6 hours postoperatively
 - E. Up to 4 hours preoperatively or beginning 3 hours postoperatively

10. For the highest-risk patients, pharmacologic thromboprophylaxis following surgery should be continued for:

- A. 24 hours
- B. 48 hours
- C. 7 days
- D. 28 days
- E. 3 months

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