Management of Superficial Venous Thrombosis (SVT) and Phlebitis in Adults (non-pregnant) attending AEC

<u>Treatment based on VTE Risk</u>; <u>Low</u> – No anticoagulation <u>Intermediate</u> – Prophylactic anticoagulation <u>Elevated</u> – Therapeutic anticoagulation

Low Risk

- Phlebitis without evidence of thrombosis
- Below knee SVT
- Vein involvement ≤5 cm in length

and

No medical risk factors for VTE

Intermediate Risk

- SVT in the GSV, AASV or SSV within 3-5cm from SFJ or SPJ
- SVT in the GSV, ASSV or SSV ≥5 cm in length
- Low risk SVT that propagates with conservative management

And

No medical risk factors for VTE

Elevated Risk

- SVT identified within <3 cm of SFJ, SPJ
- SVT that propagates despite prophylactic anticoagulation
- Recurrent SVT after cessation of anticoagulation

Or

 SVT in a patient with medical risk factors for VTE (eg, prior DVT, thrombophilia)

Low VTE Risk -> Symptom Control*

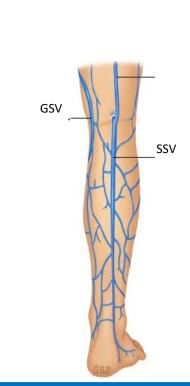


- Compression Stockings
- Topical Hiduroid Cream (OTC)

Anticoagulated patients can discontinue NSAIDs if there is a concern for bleeding

circumflex iliac v. Sapheno-femoral junction Anterior accessory saphenous v.

Superficial



Intermediate Risk -> ProphylacticAnticoagulation

- Symptom control*
- Oral prophylactic- dose Rivaroxaban (10 mg daily) for 6 weeks

OR if DOAC not appropriate

Prophylactic dose LMWH for 6 weeks duration

Elevated Risk -> Therapeutic Anticoagulation

- Symptom Control*
- · Treat as DVT
- Refer to 'Thrombosis MDT'

Consider for all patients:

Review if no improvement in symptoms at 1 week

Great saphenous v

pudendal v

- If recurrent unexplained lower limb SVT, consider referral to vascular team for assessment of Chronic venous insufficiency
- Patients with SVT and malignancy should be discussed with their oncologist
- Consider Trousseau syndrome as manifestation of malignancy

Key; GSV: great saphenous vein; AASV: anterior accessory saphenous vein; SSV: small saphenous vein; SFJ: saphenofemoral junction, SPJ: saphenopopliteal junction, OTC: Over the counter

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