Our Ref: 67
January 2026

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Freedom of Information Act Request

I am writing to request information under the Freedom of Information Act 2000.

Please provide the current VTE prophylaxis regimen used by your organisation for the following groups of adult orthopaedic patients.

For each group, please provide the following three data items:

Agent (e.g., enoxaparin, DOAC, aspirin, none)

Dose

Duration (days)

1. Lower-limb immobilisation (non-operative injuries)
2. Fragility fractures of the pelvis, hip, or proximal femur
3. Non-arthroplasty knee surgery (e.g., arthroscopy, ligament repair, other non-arthroplasty knee procedures)
4. Foot and ankle orthopaedic surgery (including operative procedures requiring immobilisation)
5. Upper limb orthopaedic surgery
6. Elective primary hip replacement (THR)
7. Elective primary knee replacement (TKR)

If different regimens are used for "standard-risk" versus "high-risk" patients, please specify the regimen for the standard pathway.
If available, please also provide the relevant page(s) from your local VTE prophylaxis guideline for verification.

Thank you for your request for information regarding venous thromboembolism (VTE) prophylaxis for adult orthopaedic patients.
Please find below the Trust's current standard VTE prophylaxis regimens, shown by agent, dose and duration for each group requested. All patients undergo a VTE risk assessment prior to prescribing. Where risk is identified as "high", regimens may vary at clinician discretion.

1. Lower-limb immobilisation (non-operative injuries)
Low risk – removable boot/splint, fully weight bearing

- Agent: None
- Dose: Not applicable
- Duration: Not applicable

Low risk – cast / non-removable boot / non-weight bearing

- Agent: Aspirin
- Dose: 150mg once daily
- Duration: For duration of immobilisation

High risk

- Agent: As clinically indicated following VTE risk assessment
- Dose: As prescribed
- Duration: As prescribed

2. Fragility fractures of pelvis, hip or proximal femur

Fractured neck of femur / proximal femur fractures

- Agent: Dalteparin
- Dose: 5,000 units subcutaneously once daily (evening, from 6 hours post-op)
- Duration: Inpatient stay

Then on discharge:

- Agent: Aspirin
- Dose: 150mg once daily
- Duration: 6 weeks

If aspirin contraindicated:

- Agent: Dalteparin
- Dose: 5,000 units subcutaneously once daily
- Duration: 6 weeks post-surgery

Pelvic fractures

- Agent: Dalteparin
- Dose: 5,000 units subcutaneously once daily (evening, from 6 hours post-op)
- Duration: While mobility remains restricted

3. Non-arthroplasty knee surgery

(e.g. arthroscopy, ligament repair)

- Agent: As clinically indicated
- Dose: As prescribed
- Duration: As prescribed

These procedures are often fully weight bearing post-operatively and prophylaxis is directed by the operating consultant.

4. Foot and ankle orthopaedic surgery (including immobilisation)

Forefoot / midfoot surgery

- Dalteparin (prophylactic single post-operative dose)

If limited weight bearing:

- No further prophylaxis unless high risk

If non-weight bearing (e.g. plaster):

- Agent: Rivaroxaban
- Dose: 10mg once daily
- Duration: 6 weeks

Achilles tendon injuries / ankle fusion / ankle replacement / complex hindfoot surgery

Inpatient:

- Agent: Dalteparin
- Dose: Prophylactic dose subcutaneously once daily (from 6 hours post-op, evening)
- Duration: Until discharge

Then:

- Agent: Rivaroxaban
- Dose: 10mg once daily
- Duration: 6 weeks

Ankle fractures / foot trauma
Inpatient:
- Agent: Dalteparin
- Dose: Prophylactic dose subcutaneously once daily
- Duration: Until discharge

Then:
- Agent: Aspirin
- Dose: 150mg once daily
- Duration: 6 weeks

(High-risk patients may receive Rivaroxaban 10mg once daily instead.)

Diabetic feet (total contact cast)
- Agent: Aspirin
- Dose: 150mg once daily
- Duration: While in cast

(High-risk patients may receive Rivaroxaban 10mg once daily.)

5. Upper limb orthopaedic surgery
- Agent: None routinely
- Dose: Not applicable
- Duration: Not applicable

Mechanical measures (e.g. calf pumps / TED stockings) may be used intra-operatively.

6. Elective primary hip replacement (THR)
Standard risk
Inpatient:
- Agent: Dalteparin
- Dose: 5,000 units subcutaneously once daily (evening, from 6 hours post-op)
- Duration: Inpatient stay

Then:
- Agent: Rivaroxaban
- Dose: 10mg once daily
- Duration: 35 days

High risk
(previous PE/DVT, active cancer, thrombophilia)
Inpatient:
- Agent: Dalteparin
- Dose: 5,000 units subcutaneously once daily
- Duration: Inpatient stay

Then:
- Agent: Rivaroxaban
- Dose: 10mg once daily

- Duration: 6 weeks

If Rivaroxaban unsuitable:

- Warfarin (target INR 2–3) for 6 weeks, with Dalteparin continued until INR therapeutic

Active cancer:

- Dalteparin 5,000 units subcutaneously once daily for 6 weeks

7. Elective primary knee replacement (TKR)

Standard risk

Inpatient:

- Agent: Dalteparin
- Dose: 5,000 units subcutaneously once daily
- Duration: Inpatient stay

Then:

- Agent: Rivaroxaban
- Dose: 10mg once daily
- Duration: 14 days

High-risk patients follow the same pathway as high-risk hip replacement.

Additional note

All regimens are applied following formal VTE risk assessment. Dalteparin is the Trust's current LMWH. Guidance remains subject to national updates (including UK-FATE).

If you are not satisfied with the handling of your request, you have the right to request an internal review. Requests for an internal review should be submitted within 40 working days from the date of this response, and should be addressed to d.wraith@nhs.net.

If you remain dissatisfied after the internal review, you have the right to appeal to the Information Commissioner's Office (ICO). The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
Website: https://ico.org.uk/make-a-complaint/

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