

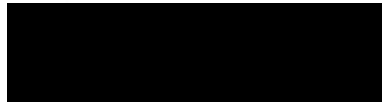


27 April 2014

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Ms N J Mundy
Senior Coroner
South Yorkshire (East District)
Coroners Court and Office
Crown Court
College Road
Doncaster
DN1 3HS

Your ref:
Our ref:



Dear Ms Mundy,

Thank you for sending me a copy of your Regulation 28 report into the death of David Andrew Bladden dated 4 March 2015, for information and comment. I was very sorry to learn of his death.

I note your concern regarding the lack of national guidance on the prophylaxis for patients who have had lower limb surgery and have been placed in a brace and your recommendation that there should be national guidance on this topic.

In our clinical guideline (CG92) on venous thromboembolism (VTE), which makes recommendations on reducing risk, we recommend that surgical patients undergoing lower limb surgery should be regarded as being at increased risk of VTE if they undergo a surgical procedure with a total anaesthetic and the surgical time exceeds 60 minutes. We also recommend that mechanical VTE prophylaxis should be continued until the patient no longer has significantly reduced mobility, which would be a matter of clinical judgement. Of course, our advice cannot cover every clinical situation and does not override the knowledge and skills of health and care professionals or any decisions that they make for specific patients.

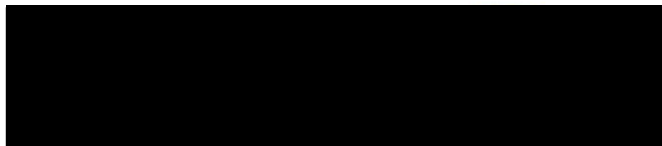
As you are aware we make a specific recommendation on pharmacological VTE prophylaxis to patients with lower limb casts, however there was no evidence to indicate that a specific recommendation on prophylaxis for patients in a brace was warranted.

It is worth noting that the wording used in the recommendations in our clinical guidelines denotes the strength of the recommendation. On this occasion we have said that clinicians should '**consider**' offering pharmacological VTE prophylaxis to patients with lower limb casts after evaluation of the risks. The use of the term 'consider' means that we are confident that the intervention will be beneficial; however it also reflects some uncertainty in this area. Following consideration of the evidence, the orthopaedic subgroup of the Guideline Development Group (GDG) were unsure whether a pulmonary embolism would have occurred with or without VTE prophylaxis in this circumstance. Due to the uncertainty in the evidence base, the GDG agreed a research recommendation to increase our knowledge of this aspect of post-operative care.

As part of our routine surveillance process, this guideline is to be updated and a new scope will be prepared as part of the process. We have not yet scheduled this project into our work programme, however I will make arrangements for a copy of your report to be forwarded to guideline developers at the appropriate time so that they are aware of the circumstances around this case and your concerns about the lack of specific guidance for patients in a brace. Please let me know if you or Mr Bladen's family would prefer that this information should not be shared.

I hope this information is helpful to you.

Yours sincerely,

A large black rectangular redaction box covers the signature area. A thin blue line extends from the right side of the box.

Sir Andrew Dillon
Chief Executive