

MANAGEMENT OF ONGOING DIRECT ANTICOAGULANT TREATMENT IN PATIENTS WITH HIP FRACTURE. A RETROSPECTIVE STUDY FROM A TERTIARY HIP FRACTURE CENTER

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Aim: The present study was designed to investigate the effects of ongoing treatment with direct oral anticoagulants (DOACs) on time to surgery and clinical outcomes in patients with hip fracture.

Material-Method: In this observational retrospective study clinical records of patients admitted for hip fracture from January 2016 to January 2019 were reviewed. Demographic data, comorbidities and functional status before trauma were retrieved. As control group we evaluated patients not on anticoagulants matched for age, gender, type of fracture and ASA score.

Results: 74 patients were in treatment with DOACs at hospital admission. Time to surgery was significantly longer in patients treated with DOACs than in control group (3.6 ± 2.7 vs. 2.15 ± 1.07 days, $p < 0.0001$) and treatment within 48 hours was 47% vs. 80% in control group ($p < 0.0001$). The adherence to the suggested time from last drug intake to surgery was 46%. Neither anticipation nor delay in surgery did result in increased mortality, length of stay or complication rates with the exception of larger perioperative blood loss (Hb levels < 8 g/dl) in DOACs patients (34% vs 9% $p < 0.0001$). Present results suggest that time to surgery is significantly longer in DOACs patients in comparison to controls.

Conclusions: Adherence to guidelines suggestions about time to surgery since last drug intake is still limited. Adherence to guidelines may decrease time to surgery in patients in treatment with DOACs who need surgery for hip fracture

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