Results

Pre-op Risk Score in %, median (IQR) 0.22 (0.16 - 0.31)
Met Criteria Pre-op, n (%) 9 (18)
Post-op Risk Score in %, median (IQR) 0.26 (0.16 - 0.42)
Met Criteria Post-op, n (%) 15 (30)
Apixaban Duration Recommended, n (%) 4 weeks 43 (86)
Apixaban copay in dollars, median (IQR) 1.00 (0 - 21.30)
Heparin, 5,000 units every 8 hours 32 (64)
Heparin, 7,500 units every 8 hours 9 (18)
Heparin, 5,000 units once 8 (16)
Heparin, 5,000 units every 12 hours 1 (2)

Table 3. Primary and Secondary Objectives, n (%) 
VTE Events 0 (0)*
Bleeding Events 1 (2)^

*One patient had a splenic infarct due to bleeding from the gastric vessels during surgery so apixaban 2.5 mg twice daily was continued for 4-12 weeks
^ Clinically relevant non-major bleed event: during a regular post-operative visit, patient noted episodes of black stool and was instructed to stop taking apixaban. No other workup completed

Discussion

• The use of apixaban for VTE prophylaxis in bariatric patients demonstrated minimal adverse outcomes
• Outcomes may be influenced by our population sample, including:
  o Small sample size
  o Three quarters of patients had a sleeve gastrectomy which may be less likely to affect apixaban absorption compared to the Roux-en-Y procedure
  o Less than 20% of patients met criteria for extended prophylaxis
• Use of the risk score calculator is completed pre-operatively, though the calculator has components based on post-operation outcomes
• Outpatient medication pickup was confirmed for all patients, but adherence could not be assessed
• Results of this study will be shared with our bariatric department to optimize prophylaxis after surgery

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Table 4. Primary and Secondary Objectives, n (%) 
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