

Supplementary materials

Practice Patterns of Antithrombotic Therapy during the Early Postoperative Course of Cardiac Surgery

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Supplementary Table S1. Proposed protocol for LMWH use in the immediate postoperative course of cardiac surgery

	Coronary artery bypass grafting	Heart Valve Replacement	
	Aortic root surgery	Mechanical prosthesis	Bioprosthesis
Before chest and TEPW removal	LMWH thromboprophylaxis started 6 to 12 hrs after surgery Ex: Enoxaparin SC 4000UI/day + acetylsalicylic acid 75-100mg/day	LMWH thromboprophylaxis started 6 to 12 hrs after surgery Ex: Enoxaparin SC 4000UI/day POD+1: Enoxaparin SC 4000UI x2/day + VKA initiation → to maintain until POD 3 or TEPW removal	LMWH thromboprophylaxis started 6 to 12 hrs after surgery Ex: Enoxaparin SC 4000UI/day POD+1 : Enoxaparin SC 4000UI X2/day + VKA initiation <i>N.B.</i> : for aortic valve, single antiplatelet therapy is possible
	Enoxaparin SC 4000UI/day + acetylsalicylic acid 75-100mg/day	Therapeutic LMWH dose Enoxaparin 100UI/kg x2/day (max 10 000UI) + VKA until INR is in the desired range Monitor anti-Xa in case of altered renal function ($Cl_{creat} < 50 \text{ ml}\cdot\text{min}^{-1}$) or extreme weight (<45kg or >100kg)	Therapeutic LMWH dose Enoxaparin 100UI/kg x2/day (max 10 000UI) + VKA until INR is in the desired range Monitor anti-Xa in case of altered renal function ($Cl_{creat} < 50 \text{ ml}\cdot\text{min}^{-1}$) or extreme weight (<45kg or >100kg)

Cl_{creat} : creatinine clearance, LMWH: low molecular weight heparin, POD: postoperative day, SC: subcutaneous, VKA: vitamin K antagonist