

# After hip replacement, aspirin cost-effective for VTE prophylaxis

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Aspirin is a cost-effective choice for prophylaxis of venous thromboembolism following total hip arthroplasty, but the choice of aspirin versus low-molecular-weight heparin for patients younger than 80 years undergoing total knee arthroplasty is unclear, according to research published in the July 17 issue of *The Journal of Bone & Joint Surgery*.

(HealthDay)—Aspirin is a cost-effective choice for prophylaxis of venous thromboembolism (VTE) following total hip arthroplasty, but the choice of aspirin versus low-molecular-weight heparin (LMWH) for patients younger than 80 years undergoing total knee arthroplasty is unclear, according to research published in the July 17 issue of *The Journal of Bone & Joint Surgery*.

John T. Schousboe, M.D., Ph.D., and Gregory A. Brown, M.D., Ph.D., of the Park Nicollet Institute for Research & Education in Minneapolis, conducted a modeling study to assess the cost-effectiveness of LMWH compared with low-dose aspirin as VTE [prophylaxis](#) for two weeks

following total joint (hip or knee) arthroplasty in patients with no history of VTE. The threshold for cost-effectiveness was set at \$100,000 (2010 U.S. dollars) per quality-adjusted life-year (QALY) gained.

The researchers found that, for total hip arthroplasty in patients at ages 55 and 70 years, costs per QALY gained for LMWH compared with aspirin were \$315,000 and \$1.4 million, respectively; for patients at age 80 or 85 years, aspirin cost less and saved more QALYs than LMWH. For total knee arthroplasty in patients at ages 55, 70, and 85 years, costs per QALY gained for LMWH compared with aspirin were \$36,000, \$112,000, and \$448,000, respectively. For patients undergoing total hip arthroplasty, and for patients 80 years or older undergoing total knee arthroplasty, probabilistic sensitivity analyses confirmed a low probability of cost-effectiveness for LMWH. For patients younger than 80 years undergoing total knee arthroplasty, the most cost-effective choice for VTE prophylaxis is uncertain.

"For patients with no history of VTE, [aspirin](#) is a cost-effective choice for VTE prophylaxis following [total hip arthroplasty](#), but the preferred choice following total knee arthroplasty depends on age and is uncertain for those younger than eighty years old," the authors write.

Several authors disclosed financial ties to the biomedical industry.

**More information:** [Abstract](#)  
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