Table 122. Strength of applicability for the body of evidence evaluating heparin induced thrombocytopenia in patients who had major orthopedic surgery

| Comparison | Strength of applicability | Conclusion with description of applicability |
| --- | --- | --- |
| Pharmacologic prophylaxis versus no prophylaxis | NA | No data |
| Mechanical prophylaxis versus no prophylaxis  | NA | No data |
| Oral antiplatelet agents versus oral vitamin K antagonists | NA | No data |
| Oral antiplatelet agents versus mechanical prophylaxis | NA | No data |
| Injectable low molecular weight heparin agents versus injectable unfractionated heparin | Low | Compared to injectable unfractionated heparin, patients who had major orthopedic surgery and received injectable low molecular weight heparin had a decrease in the odds of heparin induced thrombocytopenia. Applicability is limited because the type of surgery; primary or revision is not reported. Data is highly applicable to total hip replacement surgery. Data is moderately applicable to total knee replacement surgery. Data is not applicable to primary or revision hip fracture surgery. |
| Injectable low molecular weight heparin agents versus injectable or oral factor Xa inhibitors | NA | No data |
| Injectable low molecular weight heparin agents versus injectable or oral direct thrombin inhibitors | NA | No data |
| Injectable low molecular weight heparin agents versus oral vitamin K antagonists | NA | No data |
| Injectable low molecular weight heparin agents versus mechanical prophylaxis | NA | No data |
| Injectable unfractionated heparin versus injectable or oral direct thrombin inhibitors | NA | No data |
| Injectable unfractionated heparin versus injectable or oral factor Xa inhibitors | NA | No data |
| Injectable unfractionated heparin versus mechanical prophylaxis | NA | No data |
| Oral vitamin K antagonists versus mechanical prophylaxis | NA | No data |
| Enoxaparin versus other low molecular weight heparin agents | Low | Compared to other low molecular weight heparin agents, patients who had major orthopedic surgery and received enoxaparin did not have a difference in the odds of heparin induced thrombocytopenia. Data is highly applicable to the use of tinzaparin in primary total hip replacement surgery. Data is not applicable to primary or revision total knee replacement or hip fracture surgery. Applicability is limited because the trials were conducted outside of the United States |
| Intermittent pneumatic compression device by Kendal versus the Venaflow intermittent pneumatic compression device | NA | No data |
| ActiveCare intermittent pneumatic compression device versus Flowtron intermittent pneumatic compression device | NA | No data |
| Intermittent pneumatic compression versus graduated compression  | NA | No data |
| Pharmacologic plus mechanical prophylaxis versus pharmacologic prophylaxis | NA | No data |
| Pharmacologic plus mechanical prophylaxis versus mechanical prophylaxis | NA | No data |
| Effect of prolonging prophylaxis for 28 days compared to prophylaxis for 7 to 10 days | NA | No data |
| Inferior vena cava filter versus mechanical prophylaxis | NA | No data |

Abbreviations: NA=Not applicable