NHS
Bolton
NHS Foundation Trust

FREEDOM OF INFORMATION

REF: 2026-68
Subject: VTE Prophylaxis Regimens For Orthopaedic Patients

Dear Sir/Madam,

Thank you for your email dated **26th January 2026** where you requested information about **VTE Prophylaxis Regimens For Orthopaedic Patients.**

The information you requested is enclosed.

Please provide the current VTE prophylaxis regimen used by your organisation for the following groups of adult orthopaedic patients.	
Question	**Answer**
For each group, please provide the following three data items: • Agent (e.g., enoxaparin, DOAC, aspirin, none) • Dose (All based on hospital policy of weight) • Duration (days) (High risk usually increases to 3 months post procedure)	
1. Lower-limb immobilisation (non-operative injuries)	If non weight bearing, then a VTE assessment is undertaken and determines if enoxaparin is used or not and duration is a clinical decision, but usually for the same period of time as the non-weight bearing restriction is in place. If weight bearing then a VTE assessment is again performed, but in many cases enoxaparin is not provided (An exception to this is Achilles tendon ruptures where policy states 8 weeks of enoxaparin whilst the boot is on independent of weight bearing status).
2. Fragility fractures of the pelvis, hip, or proximal femur	35 days of enoxaparin, weight dependent If hip is operated on the flowtrons are used in theatre and then they are monitored.
3. Non-arthroplasty knee surgery (e.g., arthroscopy, ligament repair, other non-arthroplasty knee procedures)	Dependent on VTE assessment, but if required 14 days of enoxaparin based on weight.

4. Foot and ankle orthopaedic surgery (including operative procedures requiring immobilisation)	Dependent on VTE assessment, but if required usually 6 weeks (or duration of non-weight bearing status or whilst in cast) of enoxaparin based on weight.
5. Upper limb orthopaedic surgery	Dependent on VTE assessment, but not usually none.
6. Elective primary hip replacement (THR)	35 days of enoxaparin based on weight.
7. Elective primary knee replacement (TKR)	14 days of enoxaparin based on weight.
If different regimens are used for "standard-risk" versus "high-risk" patients, please specify the regimen for the standard pathway.	
If available, please also provide the relevant page(s) from your local VTE prophylaxis guideline for verification.	Page 12 of Prevention and Management of VTE (Available on our Trust intranet)

If you have any queries or concerns please do not hesitate to contact the Freedom of Information Department. It would be helpful to quote the above reference number in any future communication.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to The Chief Executive, Bolton NHS Foundation Trust, The Royal Bolton Hospital, Minerva Road, Farnworth, Bolton. BL4 0JR.

If you are not content with the outcome of your complaint you may apply directly to the Information Commissioner. Generally the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by Bolton NHS Foundation Trust. The Information Commissioner can be contacted at The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire. SK9 5AF.

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Yours sincerely,

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