

INTRODUCTION

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The development of deep vein thrombosis in a post operative or post traumatic patient, is a most serious complication requiring expeditious diagnosis and management to prevent the potentially lethal complication of pulmonary embolism (Greenfield, 1984).

The significant risk factors for post operative venous thrombosis must be well known as they require special attention for avoidance of venous thrombosis, and they are: obesity, malignancy, history of venous thrombosis, major surgery or major fracture, length of surgery greater than one hour, and increasing age (Borow and Goldson, 1981).

Several prophylactic measures have been proposed to reduce the high incidence of deep venous thrombosis in post operative patients. These measures can be classified into two groups: those that affect the coagulability of blood and those which are designed to reduce stasis and enhance venous return from the leg (Borow and Goldson, 1981).

As the clinical picture of venous thrombosis is non-specific, diagnostic tests are required to establish the

presence or absence of this condition (Hirsh, 1985).

Management of patients with deep venous thrombosis aimed to minimize the risk of pulmonary embolism, limit further thrombosis and facilitate resolution of existing thrombi or emboli with restoration of circulation (Hull, 1985).

The aim of this work is to compare the opinion of different authors concerned with deep vein thrombosis, with much stress on prevention, treatment and complications .