RECOMMENDATIONS FOR MANAGEMENT OF SUPERFICIAL VEIN THROMBOSIS

**Patient presents with signs/symptoms of superficial vein thrombosis**

**Obtain duplex ultrasound to confirm diagnosis**

**Duplex positive for DVT**
- Treat according to Guidelines for Treatment of VTE

**Duplex Negative for DVT and positive for SVT**
- Evaluate for VTE Risk factors
  - History of VTE
  - Known Thrombophilia
  - Male
  - Pregnancy
  - Chronic venous insufficiency
  - Recent surgery, trauma or injury
  - Recent hospital admission
  - Active malignancy +/- active cancer treatment
  - Ongoing use of oral contraceptives or hormone replacement therapy
  - Absence of varicose veins

**Yes to any**
- Review risk of VTE vs risk/benefit of prophylactic anticoagulation
  - Through shared decision making, patient prefers VTE Prophylaxis
  - Through shared decision making, patient prefers repeat duplex strategy

**No to all**
- Superficial thrombus is ≥ 5cm and/or within 3-5 cm from spheno-femoral junction
  - No
  - Yes

1. **Repeat duplex scan** at 7-10 days and treat according to Guidelines for Treatment of VTE if DVT or significant extension of SVT is detected
2. Consider oral non-steroid anti-inflammatory agent for symptom relief
3. Consider referral to Vascular Surgery if varicose

**Treat with VTE Prophylaxis**
- Fondaparinux 2.5mg SQ daily (unless contraindicated) x 45 days
  (preferred unless contraindicated by CrCl < 50 ml/min)
- Enoxaparin 40mg SQ daily x 45 days
- **Alternative Oral Agents (not studied for this indication)**
  - Apixaban 2.5mg po bid x 45 days
  - Rivaroxaban 10mg daily x 45 days