

Sequential Compression Device Compliance in Postoperative Obstetrics and Gynecology Patients

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1. Identify and discuss the study design chosen for this experiment. Does this study meet the criteria for a pragmatic study? Although this is not a randomized trial, discuss the differences between a pragmatic trial and other randomized trials.
2. What interventions were used during the 4-month period? Discuss the strengths and weaknesses of the interventions used in this study. Suggest ways in which they might be improved.
3. The authors discuss that institutions vary widely in their application of deep vein thrombosis (DVT) prophylaxis to pregnant and postpartum women. Review the American College of Obstetricians and Gynecologists (ACOG) [Practice Bulletin No. 123, “Thromboembolism in Pregnancy.”](#) What do you do at your institution? Are pregnant and postpartum women assessed for risk of DVT using the ACOG guidelines? Why or why not?
4. Review ACOG [Practice Bulletin No. 84, “Prevention of Deep Vein Thrombosis and Pulmonary Embolism.”](#) Using your surgery list for next week, assign risk categories according to Table 1 in the bulletin, and discuss which prophylaxis regimens are acceptable. Which ones are typically used for women undergoing benign surgery in your practice?
5. The authors found that their interventions did not increase compliance for wearing compression devices when not ambulating, and suggest that pharmacologic prophylaxis might be preferable. Discuss what types of pharmacologic prophylaxis might be used in your practice and how it would be given. Discuss the benefits and risks of pharmacologic prophylaxis. Do you agree with the authors?
6. In addition to the quantitative data, the authors collected information regarding why women did not have their compression devices functioning when in bed. What are the barriers to compression device use at your institution? List and rank the reasons that devices are not used, and compare them to the list in the article. How are they similar or dissimilar?
7. The ACOG bulletin regarding how long women need to wear the compression devices when in the hospital ([Practice Bulletin No. 84; see *Obstet Gynecol* 2007;110:429-40](#)) can be interpreted in two different ways, which the authors discuss in the manuscript. In your practice, do women wear compression devices until discharged or until ambulatory? Discuss which of the definitions you feel should be used and why.