

25 November 2019

Ms Jacinta Lee
Queensland Clinical Guidelines
Queensland Department of Health
Box 17/153 Campbell Street,
Bowen Hills, QLD 4006

By email: Jacinta.Lee@health.qld.gov.au

Dear Ms Lee,

Society for Obstetric Anesthesia and Perinatology Consensus Statement (SOAP) and American Society of Regional Anesthesia and Pain Medicine (ASRA) Guidelines

The Australian Society of Anaesthetists (ASA) is the peak body and leading representative of the professional and economic interests of Australian anaesthetists. The ASA was established in 1934, and represents Australian Anaesthetists ensuring the high standards of the profession.

We refer to the below guidelines for use in Australia clinical setting which the Queensland Department of Health seeks the ASA endorsement.

With reference to:

- Leffert L, Butwick A, Carvalho B, Arendt K, Bates SM, Friedman A, et al. (2018) 'The Society for Obstetric Anesthesia and Perinatology Consensus Statement on the Anesthetic Management of Pregnant and Postpartum Women Receiving Thromboprophylaxis or Higher Dose Anticoagulants', *Anesth Analg* 2018;126(3):928-944.
- Horlocker TT, Vandermeulen E, Kopp SL, Gogarten W, Leffert LR, Benzon HT (2018) 'Regional anesthesia in the patient receiving antithrombotic or thrombolytic therapy: American Society of Regional Anesthesia and Pain Medicine evidence-based guidelines (fourth edition)', *Reg Anesth Pain Med*, 43(3):263-309.

The ASA welcomes the opportunity to comment on the important topic of VTE prophylaxis in pregnancy and the puerperium. The two references provided are solid, well prepared consensus statements that currently inform clinical practice across Australia. The ASA supports these documents as references for practitioners to develop their own local policies and protocols that are contextually relevant and appropriate.

VTE is a significant cause of morbidity and mortality including in pregnancy and puerperium. The ASA supports the Australian Commission on Safety and Quality in Health Care (ACSQHC) standard "Venous Thromboembolism Prevention Clinical Care Standard", 2019.

Subarachnoid haematoma is a rare event which requires an understanding for the complexities of the issues involved, rather than a didactic approach that can be applied indiscriminately. The decision to perform a neuraxial or regional analgesic block in the context of a patient having received VTE prophylaxis or other anti-haemostatic medications, requires a patient specific individualised risk benefit analysis, discussion, and consent. Similar considerations apply to epidural catheter removal and recommencement of subsequent anti-haemostatic medications and analgesics which may exacerbate bleeding. Consideration should also be given to the type of block performed, the degree of motor block expected, how the patient will be monitored for block reversal and implementation of a management plan if there is a prolonged block. Subarachnoid haematoma can lead to irreversible neurological deficits if it is not diagnosed, investigated and managed with urgent surgical intervention.

This needs to be considered in the context of the many benefits that regional anaesthesia and analgesia provide especially in the obstetric setting in reducing maternal and foetal morbidity and mortality.

Currently, the ASA has no formal process to endorse external documents. Australian New Zealand College of Anaesthetists (ANZCA) does have such a process as outlined in *ANZCA Policy on Endorsement of Externally Developed Guidelines* (2015):
<http://www.anzca.edu.au/resources/professional-documents/a02-policy-on-endorsement>)

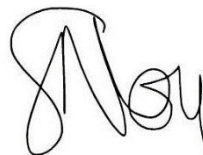
If Queensland Health requires this level of endorsement, please contact ANZCA.

If you require any further information, clarification or would like to discuss further, please contact the ASA via Ms Jacintha Victor John, Policy Manager on (02) 8556 9720 or via email to jvictorjohn@asa.org.au.

Yours sincerely,



Dr Antonio Grossi
Chairperson
Professional Issues Advisory Committee,
Australian Society of Anaesthetists



Dr Suzi Nou
President
Australian Society of Anaesthetists