

Diagnosis of VTE

- Efficient diagnostic strategies for evaluating patients with suspected VTE to provide accurate diagnosis and reduce the number of patients undergoing unnecessary and more invasive testing
- Accurate diagnosis of VTE is important due to the morbidity and mortality associated with missed diagnoses and the potential side effects, patient inconvenience, and resource implications of anticoagulant treatment given for VTE.
- While a number of patients are initially suspected of having blood clots, many of them do not.
- For patients at low likelihood of having VTE, it is important to rule out VTE without subjecting patients to unnecessary tests.
- Patients with suspected VTE
- Clinicians and health care professionals
- These recommendations conform previous guidelines through a rigorous review of existing evidence.
- Unlike other VTE diagnosis guidelines, mathematical modelling was done to predict outcomes of various diagnostic pathways that have not been previously evaluated.
- Before considering a test, categorizing patients into the likelihood that they have VTE will help achieve an accurate diagnosis without exposing the patient to unnecessary testing.
- A D-dimer test is the best first step to check for VTE in patients with low pre-test probability; if results are negative, no further testing is required.
- When possible, clinicians should use a VQ scan, which exposes patients to lower radiation risk, versus a CT scan. Older individuals or those with preexisting lung disease are not ideal candidates for a VQ scan.



Total number of panel recommendations: 10