



CLOT Newsletter October 2022

Our first conference for three years in Manchester on the 7th October was well received with talks covering some subjects as how not to be sued as a nurse, use of DOAC's, cancer and VTE as well as the possible overuse of heparin and the implications of that. We are just waiting on some permissions so we can upload the talks to the members zone on the website. We are looking at October next year for our conference but more details to follow.

CLOT have been involved in Thrombosis UK Let's talk Clots virtual conference in October with a virtual stand and our chair Huw Rowswell gave a talk on cancer associated VTE the event was free and most sessions are still available at <https://thrombosisuk.org/lets-talk-clots.php> a great free resource with lots of great talks.

CLOT is again delighted to be involved with the British Society of Haematology annual scientific meeting which next year is in Birmingham from the 23rd to the 25th April 2023 and we will have a session on the Sunday 23rd and if anybody has any work they would like to share then please submit an abstract and if you have concerns around talking this can be submitted as a poster only abstract this is open now until early next year and a great opportunity to share your work <https://bshconferences.co.uk/>

The BSH are also really keen for more nurses to attend and the Sunday is a nurse and AHP specific day with travel grants available to make this free to attend at <https://b-s-h.org.uk/grants/annual-scientific-meeting-scholarships/> so would be great to see some of you there.

There is a survey from the BSH around what you would like to see just two questions so could you please complete their survey [ASM 2023 Nurses Survey \(surveymonkey.co.uk\)](https://www.surveymonkey.co.uk)

The ISTH next year is in Montreal, Canada and submissions for abstracts will open later this year and again they would love more nurses and AHP to attend

If you want to get in touch with us then please email to anticoag21@yahoo.co.uk or follow us on twitter at @LeadersClot if you have any ideas for next years conference or just want any help or advice.

Our gold sponsor this year is FirstKind who manufacture the geko device used in many hospitals across the country for VTE prevention particularly in stroke patients and below is some further information from them

The CLOT Committee

Medical Technology: Innovating to address the threat of VTE in immobile patients in hospital

Venous thromboembolism (VTE) is common in hospitalised patients, usually because of restricted mobility. Some estimates suggest there are 40,000 deaths in England per year due to VTE – yet 62 percent of these could be prevented through proper management and care*. Acute stroke patients are a particularly at-risk population, with many patients left bedbound when recovering from this debilitating medical condition.

Standard of care – acute stroke VTE prevention

In this patient group, NICE guidance recommends intermittent pneumatic compression (IPC), a boot-like cuff that compresses the leg to move blood in immobile stroke patients. However, staff at the Royal Stoke University Hospital acute stroke unit recognised that IPC is not suitable for all patients, due to vascular disease and fragile skin. The stroke unit was keen to seek an alternative mechanical intervention when IPC cannot be prescribed to ensure all patients could receive post-stroke VTE prevention.

Stoke: A beacon of innovation

Led by Dr Indira Natarajan, and with a shared belief in embracing innovation, he and his team were immediately open to the potential of the geko™ device to provide an alternative mechanical intervention able to address the unit's unmet need, in high-risk acute stroke patients. They were keen to evaluate the device.

The wristwatch-sized wearable device, applied to the knee, delivers painless electrical impulses via a nerve to activate the calf and foot muscle pumps to increase blood flow. The rate of blood flow increase is equal to 60 percent of walking without a patient having to move.

Critically, the Royal Stoke has lots of stroke patients – more than 100 per month – so were in a position where they could undertake a real-world audit of clinical practice to determine the level of their unmet and compare the efficacy of the geko™ device to standard of care.

With a patient goal of 1,000, it took over one year to collect data. The team worked in partnership with Sky Medical Technology (Sky) – the inventors and manufacturers of the geko™ device – to roll out a user training programme for staff and study data set. Additional staff were enlisted to ensure regular daily checks were carried out with each patient, and participants received regular follow-ups once they had left the unit.

Pilot results & patient benefit

Diligent analysis of the 1,000 patient data reported that 29.5 percent were contraindicated or became intolerant IPC, making them eligible for the geko™ device. The data showed that of 463 patients treated with IPC, 11 patients (2.4 percent) suffered a VTE. Of the 203 patients prescribed the alternative mechanical intervention - the geko™ device - no incidence of VTE was reported 90 days post-discharge.

Patients reported the geko™ as comfortable to wear compared to IPC and were able to sleep with the device on and activated. The positive results reassured the unit the geko™ device was both safe and well tolerated and provided VTE prophylaxis where previously no alternative intervention could be prescribed.

The impact of the real-world data has gone on to influence wider NHS acute stroke units to adopt the geko™ device into clinical practice and has also enabled the Sky to secure US FDA 510(k) clearance to market the geko™ device for VTE prevention in both surgical and non-surgical patients.