Reducing venous thromboembolism (VTE) risk in acute stroke patients

The prospective comparative study assessed 1,000 acute stroke patients for VTE incidence at 90 days post discharge: The study showed:

- 29.5% of patients were either contraindicated or unable to tolerate IPC*.
- 2.4% of patients prescribed IPC alone suffered a VTE event
- 0% of patients prescribed the geko™ device alone suffered a VTE event.
- Patients reported greater tolerance of the geko™ device compared to IPC.
- Health economics show the geko™ device is cost saving vs. the cost consequence of no VTE prophylaxis.

Furthermore, the geko™ device provided an anti-stasis intervention where previously patients would have had no other intervention available to them, ensuring no immobile stroke patient, with a high risk of VTE, was without a mechanical VTE prophylactic intervention.

References:
1. Williams et al The use of the geko™ device (a neuromuscular electrostimulation device) and the resulting activation of the foot and calf muscle pumps for the prevention of venous thromboembolism in patients with acute stroke.

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