
Thromboprophylactic treatment with rivaroxaban or dabigatran compared with enoxaparin or dalteparin in patients undergoing elective hip- or knee replacement surgery

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Authors' conclusions

We did not find statistically significant differences between dabigatran and enoxaparin for mortality, pulmonary embolism, deep vein thrombosis or major bleeding. The quality of the evidence ranged from very low to moderate. For rivaroxaban compared with enoxaparin we found statistically a significant reduction in deep vein thrombosis, but also a trend towards increased risk of major bleeding. For mortality and pulmonary embolism there were no statistically significant differences between treatments. The quality of the evidence ranged from very low to moderate.

Our results indicate a great uncertainty regarding which strategy is the most cost-effective. However, rivaroxaban and enoxaparin had a slightly higher probability of being cost-effective alternatives for patients undergoing total hip or knee replacement, respectively.

The results of our model analysis of the uncertainty surrounding each group of parameters indicated that more research on efficacy data would have the greatest impact on reducing decision uncertainty.

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