**Don’t do work up for clotting disorder (order hypercoagulable testing) for patients who develop first episode of deep vein thrombosis (DVT) in the setting of a known cause.**

Lab tests to look for a clotting disorder will not alter treatment of a venous blood clot, even if an abnormality is found. DVT is a very common disorder, and recent discoveries of clotting abnormalities have led to increased testing without proven benefit.

**Don’t reimage DVT in the absence of a clinical change.**

Repeat ultrasound images to evaluate “response” of venous clot to therapy does not alter treatment.

**Avoid cardiovascular testing for patients undergoing low-risk surgery.**

Pre-operative stress testing does not alter therapy or decision-making in patients facing low-risk surgery.

**Refrain from percutaneous or surgical revascularization of peripheral artery stenosis in patients without claudication or critical limb ischemia.**

Patients without symptoms will not benefit from attempts to improve circulation. No evidence exists to support improving circulation to prevent progression of disease. There is no proven preventive benefit, only symptomatic benefit.

**Don’t screen for renal artery stenosis in patients without resistant hypertension and with normal renal function, even if known atherosclerosis is present.**

Performing surgery or angioplasty to improve circulation to the kidneys has no proven preventive benefit, and shouldn’t be considered unless there is evidence of symptoms, such as elevated blood pressure or decreased renal function.
How This List Was Created

The Society for Vascular Medicine (SVM) looked to the leadership of its Board of Trustees and input from its members to develop the list of five things physicians and patients should question. Suggestions from SVM members were solicited through an e-mail blast, and a second e-mail was sent to the SVM Board of Trustees seeking volunteers and suggestions.

A committee, consisting of four members of the Board of Trustees, narrowed an initial list down to seven recommendations. The full Board of Trustees voted on the recommendations using the Delphi method of choice, arriving at the five that became SVM’s list as part of the Choosing Wisely® campaign.

SVM’s disclosure and conflict of interest policy can be found at www.vascularmed.org.

Sources


