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EDITORIAL

Reviewing concepts?☆

¿Revisando conceptos?

This issue of RECOT, the 4th in 2012, contains 8 original articles and 3 clinical notes, grouped by pathologies (knee, tumours, paediatric Orthopaedics), plus 2 technical notes as well as an update. Receiving more original articles makes it possible for us to publish them more quickly, generally speaking; if this rhythm of submission continues, the structure of each issue will be based more on publishing original work than on subjects referring to updates and training, as has been the case up until now. Logically, this strategy will depend on the authors, who are now not only Spaniards but also from other countries, as can be observed. In this issue there is a subject currently found on everyone's lips. A certain commotion has been created by the publication, between 2010 and 2012, of various clinical practice guidelines on prophylaxis in venous thromboembolism, with specific recommendations for our specialty. For this reason, we consider that a critical analysis would be useful, until the SECOT Thromboembolism Study Group updates its own guidelines, now 5 years old. Dr. Ruiz Ibán has selected the British *National Institute of Clinical Excellence* (NICE) guidelines, the *American Academy of Orthopaedic Surgeons* (AAOS) recommendations and the latest update from the *American College of Chest Physicians* (ACCP). Although it is true that the first guidelines mentioned have held to a standard methodology and structure over the past few

years, the other 2 works have modified the study methodology and have thus reached conclusions very different from those that we had been accepting. The recommendations are less conclusive, due to the evaluation of the level of evidence and the independence of the studies reviewed to reach them. The underlying idea seen when reading the latter 2 documents is that categorising risk and individualising the means of prophylaxis for each patient is becoming ever more dominant. This focus, very much in tune with the present currents in Medicine, presents advantages as to patient safety, above all for those who present greater haemorrhage risks. However, it also involves some danger of conflicting, to a certain point, with the process protocols to which we are currently accustomed. Likewise, it has a certain medical-legal implication, given that it calls the current habits in this territory into question. That is why we will be waiting for the SECOT Thromboembolism Study Group's new document, now being prepared, and we offer this medium for its publication as a Journal supplement.

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