MANAGEMENT OF LEFT VENTRICULAR THROMBUS

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION MANAGEMENT OF LEFT VENTRICULAR THROMBUS

This guideline is for use by the following staff groups:

- Cardiologists

Lead Clinician(s) Dr Jasper Trevelyan	Consultant Cardiologist, Clinical Lead Cardiac Services
Approved by [Cardiology Directorate meeting] on:	17th March 2026
Approved by Medicines Safety Committee on: *Where medicines are included in document.*	N/A
Review Date: This is the most current document and should be used until a revised version is in place	17th March 2029

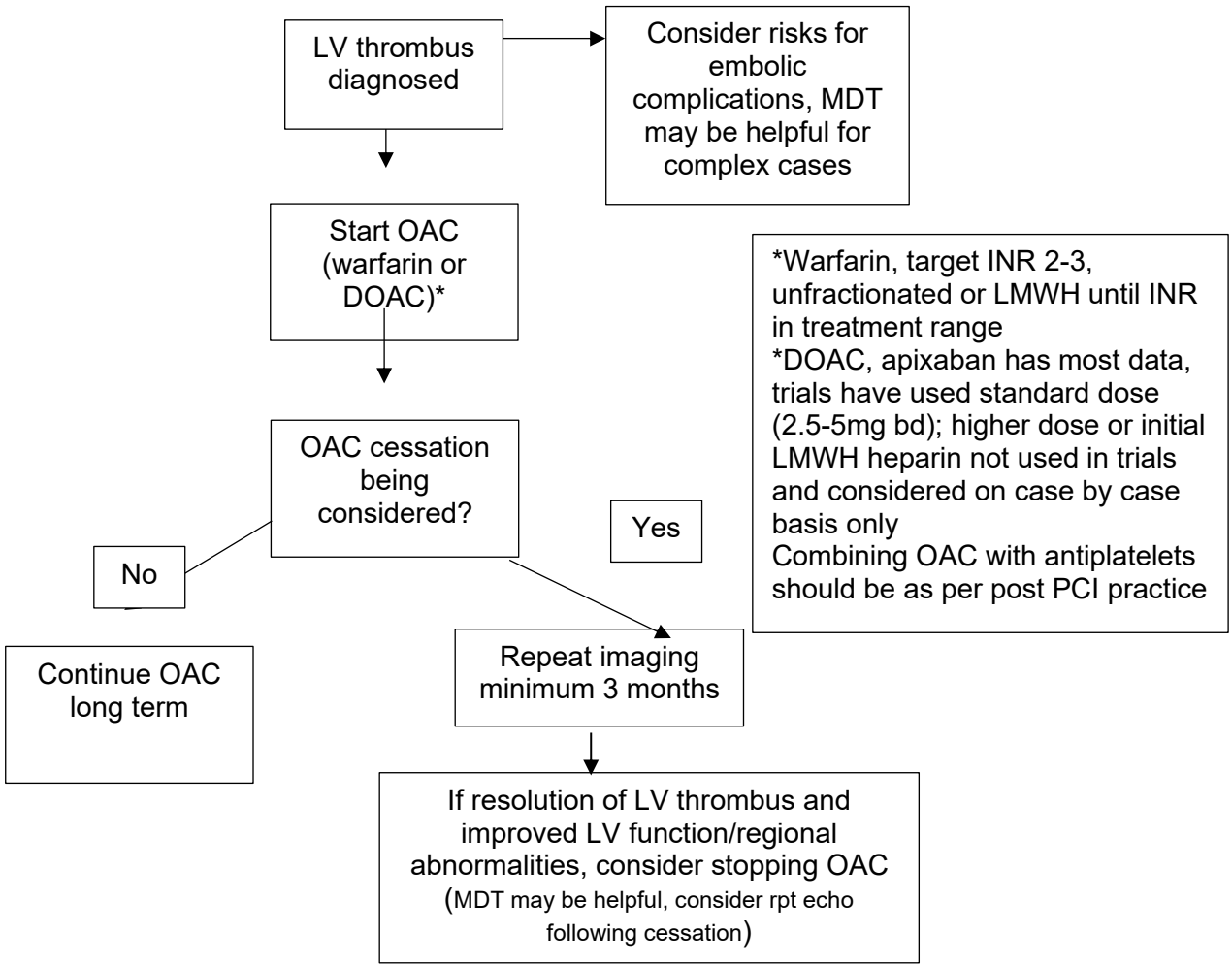
Key amendments to this guideline

Date	Amendment	Approved by:

Principles

- Randomised data regarding management of LV thrombus is limited so most guidelines and recommendations are based on expert opinion
- Most LV thrombi occur in the setting of severe LVSD or regional LV wall motion abnormalities, particularly anterior MI or DCM
- Risk of thromboembolic events from LV thrombi can be as high as 10-15% annually
- Risk factors for thromboembolism include: mobile thrombi, protuberant thrombi, size (lesser risk factor), failure of resolution with treatment or recurrence
- Treatment options are warfarin or DOACs (modern small trials demonstrate equivalence); risk reduction may be as large as 86% with OAC
    - Thrombolysis and cardiac surgery are not recommended
- Cessation of OAC is based on expert opinion not randomised data, but can be considered where imaging shows resolution of LV thrombus and is most likely to be appropriate where regional abnormalities have resolved after MI or LV function has improved in DCM

Suggested Management Flowchart



Abbreviation

LVSD – left ventricular systolic dysfunction
MI – myocardial infarction
DCM – dilated cardiomyopathy
DOAC – direct oral anti-coagulant
OAC – oral anti-coagulant
MDT – multi-disciplinary team

References

- Management of Patients at Risk for and With Left Ventricular Thrombus: A Scientific Statement From the American Heart Association *Circulation*. 2022;146:e205–e223
- Oral anticoagulation in patients with left ventricular thrombus: a systematic review and meta-analysis European Heart Journal - Cardiovascular Pharmacotherapy (2024) **10**, 444–453

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Cardiologists, WAHT

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Cardiology directorate committee

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	☒	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

Name of Lead for Activity	**Dr J Trevelyan**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Dr J Trevelyan	**Cardiologist**	**Jasper.trevelyan@nhs.net**
Date assessment completed	**15.4.26**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Management of LV thrombus**			
What is the aim, purpose and/or intended outcomes of this Activity?	Standardise management of LV thrombus			
Who will be affected by the development & implementation of this activity?	x ❑ ❑ ❑	Service User Patient Carers Visitors	❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	◆ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help	Review of clinical evidence			

inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Review with clinicians
Summary of relevant findings	Detailed in document

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		
Disability		x		
Gender Reassignment		x		
Marriage & Civil Partnerships		x		
Pregnancy & Maternity		x		
Race including Traveling Communities		x		
Religion & Belief		x		
Sex		x		
Sexual Orientation		x		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless;		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Nil	.		
How will you monitor these actions?				
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)				

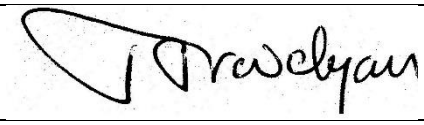
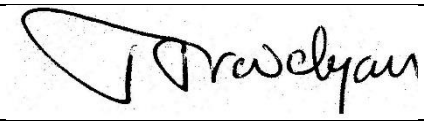
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	
Date signed	15.4.26
Comments:	
Signature of person the Leader Person for this activity	
Date signed	15.4.26
Comments:	

NHS Worcestershire Acute Hospitals NHS Trust

NHS Herefordshire and Worcestershire Health and Care NHS Trust

NHS Wye Valley NHS Trust

Herefordshire General Practice Taurus Healthcare

worcestershire county council

Herefordshire Council

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	n
2.	Does the implementation of this document require additional revenue	n
3.	Does the implementation of this document require additional manpower	n
4.	Does the implementation of this document release any manpower costs through a change in practice	n
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	n
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.