Introduction:
The neurocritical care patients are at particular risk to VTE, who immobile due to neurologic injury and these group of patient frequently have a prolonged hospital course since multiple neurologic and medical complications may arise. The objective is to evaluate the safety of the early introduction of prophylaxis of venous thromboembolism in the postoperative period of cerebral aneurysm repair.

Methods:
Retrospective study. 157 patients submitted to surgical correction of the cerebral aneurysm (81) or endovascular (76). January 2014 through September 2015. Were evaluated: Prophylaxis type and complications and outcomes: venous thromboembolism and pulmonary thromboembolism during hospitalization and follow-up of 6 months and survival at 30 days and 6 months.

Results:
80.2% were females. Mean age of 54.5 ± 14.4 years. Mean time to hospital stay: 3.9 ± 5.5 days (Surgical group: 4.5 days versus 1.99 days in endovascular group, p < 0.001). 13.4% had subarachnoid hemorrhage at the time of admission, with length of stay of 5.87 days (p < 0.001). Prophylaxis during permanence UTI: 94.9% mechanical prophylaxis, 25.5% pharmacological prophylaxis and 24.4% combination therapy. Of the patients who received pharmacological prophylaxis, there were two cases of heparin-induced thrombocytopenia and one case of major bleeding, in both cases, pharmacological prophylaxis was discontinued. The prophylaxis of venous thromboembolism was started in 24 to 48 hours in 95.5% of the patients. Venous thromboembolism was found in 1.27% of patients and pulmonary thromboembolism in 1.91%, both in surgical patients Survival was 30 days in 98.7% and 6 months: 96.21% (no statistical difference with endovascular and surgery groups).

Conclusion:
The introduction of prophylaxis of venous thromboembolism in postoperative patients of cerebral aneurysm is a safe practice and should be established routinely in this group of patients.