

# evidence based guidelines

## MANAGEMENT OF ANTICOAGULANTS INTERRUPTION FOR ELECTIVE PROCEDURES

**Patients should be instructed to take the last dose of their anticoagulant at least as many hours before the planned surgery as is indicated in the table below.**

Seek specialist consultation for patients with the following: mechanical heart valves, cardiac stent within 6 months, ischemic stroke or venous thrombosis within 12 weeks. (For such patients on warfarin, consider "therapeutic bridging" - see separate guideline).

Medication	High bleeding risk*	Low bleeding risk**
Apixaban (Eliquis)	72 hours (3d)	48 hours (2d)
Dabigatran (Pradaxa) (Creat. Clear. $\geq$ 50 mL/min)	72 hours (3d)	48 hours (2d)
Dabigatran (Pradaxa) (Creat. Clear. <50 mL/min)	120 hours (5d)	72 hours (3d)
Rivaroxaban (Xarelto)	72 hours (3d)	48 hours (2d)
Clopidogrel (Plavix)	168 hours (7d)	120 hours (5d)
Prasugrel (Effient)	168 hours (7d)	
Ticagrelor (Brilinta)	120 hours (5d)	
Aspirin 81mg or 325mg daily	No interruption in patients using for <b>secondary</b> prevention	
Enoxaparin (Lovenox) prophylactic	12 hours	
Enoxaparin (Lovenox) therapeutic	24 hours	
Heparin IV	Normal PTT	
Heparin – subcutaneous	6 hours	
Warfarin (Coumadin)	5d, target INR<1.4 morning of procedure	

These medications can restart once hemostasis is assured. Generally, this is 24 hours after a low bleeding risk procedure and 24-48 hours after a high bleeding risk procedure. An exception to this is Warfarin (Coumadin) which can be restarted at the patient's usual dose on the evening of the day of procedure.

### Examples of VERY LOW risk procedures

(Continue anticoagulants w/o interruption)  
Cataract surgery  
Cutaneous  
Dental  
Endovascular  
Upper GI endoscopy (EGD) without dilation

### \*Examples of HIGH bleeding risk procedures

Planned or potential REGIONAL ANESTHETICS (spinal, epidural, deep nerve block)  
Colonoscopy (due to risk of bleeding from polypectomy)  
Kidney biopsy  
Laminectomy and most neurosurgical procedures  
Major Joint Replacement (knee, hip, shoulder)  
Most cancer surgeries  
Transurethral resection of the prostate  
Upper GI endoscopy (EGD) if dilation is possible  
Surgeries expected to take >45 minutes

### \*\*Examples of LOW bleeding risk procedures

Abdominal hernia repair  
Abdominal hysterectomy  
Axillary lymph node dissection  
Bronchoscopy without biopsy  
Carpal tunnel release  
Ophthalmologic surgery (except cataract surgery)  
Central venous catheter removal  
Cholecystectomy  
Joint arthroscopy  
Hydrocele Repair  
Pacemaker and cardiac defibrillator insertion

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