

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 secondary 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

APPROVED BY:

Quality & Care Management Committee,
Holland Physician Hospital Organization
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