Family Medicine Resident Education on Perioperative Management of Patients on Anticoagulation

Do I need to discontinue anticoagulation?

NO: Minor procedures or low bleeding risk (skin biopsy, ophthalmologic, dental)

YES: Major procedures or high bleeding risk (>45 min, CABG, kidney biopsy, intracranial)

Considerations: HAS-BLED score, discuss with surgeon/patient

When to discontinue?

Warfarin: Half-life 36-42 hours, INR below 2 in 2-3 days, INR normal in 4-6 days

Dabigatran: Half-life 12-14 hours, varies with renal function, generally 2-3 days before

Rivaroxaban: Half-life 7-11 hours, varies with renal function, generally 2-3 days before

Apixaban: Half-life 8-12 hours, varies with renal function, generally 2-3 days before

When to bridge?

- High risk of thromboembolism
- More commonly in Warfarin patients, though can be done with other anticoagulants
- Unable to take oral medications during post-op period
- Can bridge with LMW or unfractionated heparin before and/or after surgery

When to restart anticoagulation?

Warfarin: 12-24 hours post-op

Dabigatran: 1 day after low risk surgery, 2-3 days after high risk

Rivaroxaban: 1 day after low risk, 2-3 days after high risk

Apixaban: 1 day after low risk, 2-3 days after high risk

Hanna Mathers, MSIII February, 2019