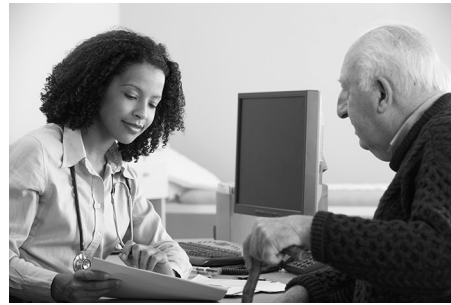


WHAT YOU SHOULD KNOW ABOUT PERIPROCEDURAL ANTICOAGULATION

In the Clinic
Annals of Internal Medicine

What Is Periprocedural Anticoagulation?

Periprocedural anticoagulation is the use of blood-thinning medications, such as warfarin or direct oral anticoagulants, around the time of surgical or invasive procedures. An evidence-based approach is needed to support decision making for patients who use blood-thinning drugs or for those who may need blood thinners around the time of surgical procedures.



Who May Need Periprocedural Anticoagulation?

The following patients may need guidance on treatment with blood thinners around the time of surgery:

- Patients currently receiving blood thinners, such as warfarin or direct oral anticoagulants
- Patients with certain kinds of mechanical heart valves
- Patients with a history of blood clotting problems or those who have had recent blood clots
- Those who are deemed to be at high risk for blood clots during the time of surgery
- Those who are deemed to be at high risk for bleeding during the time of surgery

How Are Recommendations on Periprocedural Anticoagulation Managed and Delivered?

Most people who need management of blood thinners around the time of surgery are identified before the procedure. Medical teams then make plans for how to manage these treatments—including if or when to stop, resume, or start treatment—or how to substitute medications during the procedural period. These decisions are made by medical and surgical specialists involved in the procedure and are communicated to the patient and their primary care providers. Standardized risk scores and tools are used to estimate the risk for bleeding or clotting during surgery.

What Kinds of Medications May Prompt Periprocedural Anticoagulation?

Medications that thin the blood are the principal drugs that need to be managed during surgery to balance bleeding and clotting risks. These drugs include:

- Warfarin, coumadin, or other vitamin K antagonists
- Direct oral anticoagulants, including apixaban, rivaroxaban, edoxaban, or dabigatran
- Injectable anticoagulants, such as enoxaparin, fondaparinux, or heparin
- Aspirin, clopidogrel, and related antiplatelets

Questions for My Doctor

- Which of my medications may need to be managed around the time of a procedure?
- Do I need to have other tests to determine my bleeding or clotting risk?
- What are the risks or benefits of stopping and starting treatments?
- If I do stop using medications, when should I resume using them?
- Should I follow up with a specialist?

For More Information



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