June 2021

BronxCare Health System

Division of Gastroenterology Pre-procedural Anticoagulation Guidance

Procedure risk for bleeding	
High Risk	**Low Risk**
• Polypectomy • Sphincterotomy • PEG placement • Thermal Therapy • EMR • Variceal Treatment • EUS with FNA	• Diagnostic procedures • Mucosal biopsies • ERCP with stent placement • ERCP with balloon use • Capsule endoscopy • APC

DOAC	Elective Procedure	Urgent Procedure
Apixaban (Eliquis)	Cr Cl: > 60: hold for 1-2 days 30-59: hold for 3 days 15-29: hold for 4 days	PCC Charcoal if within 2-3 hrs
Rivaroxaban (Xarelto)	Cr Cl: > 90: hold for 1 day 60-90: hold for 2 days 30-59: hold for 3 days 15-29: hold for 4 days	PCC Charcoal if within 2-3 hrs

Dabigatran (Pradaxa)			
	Elective Procedure Moderate Bleeding Risk	**Elective Procedure High Bleeding Risk**	**Urgent Procedure**
Cr Cl > 80	Hold for 1-1.5 days	Hold for 2-3 days	PCC Charcoal if within 2-3 hrs HD
Cr Cl 50-80	Hold for 1-2 days	Hold for 2-3 days	
Cr Cl 30-49	Hold for 1.5-2 days	Hold for 3-4 days	
Cr Cl $\leq$ 29	Hold for 2-3 days	Hold for 4-6 days	

Coumadin (Warfarin)	Elective Procedure	Urgent Procedure
	Hold (duration of action 5 days)	Reversal (Vitamin K, PCC)

Unfractionated Heparin	Elective Procedure	Urgent Procedure
	Hold (IV 2-6 hours, SQ 12-24 hours)	Reversal (Protamine sulfate)

Low Molecular Weight Heparin (Enoxaparin)	Elective Procedure	Urgent Procedure
Check the dose – if patient is taking once or twice a day	Hold (24 hours)	Reversal (Protamine sulfate, factor rVIIa)

Best practice recommendations for the management of DAPT

- Avoid cessation of all antiplatelet therapies after PCI with stent placement.
- Avoid cessation of clopidogrel (even when aspirin is continued) within the first 30 days after PCI and either DES or BMS placement when possible.
- Defer elective endoscopic procedures, possibly up to 12 months, if clinically acceptable from the time of PCI to DES placement.
- Perform endoscopic procedures, particularly those associated with bleeding risk, 5-7 days after thienopyridine drug cessation. ASA should be continued.
- Resume thienopyridine and ASA drug therapy after the procedure once hemostasis is achieved. A loading dose of the former should be considered among patients at risk for thrombosis.
- Continue platelet-directed therapy in patients undergoing elective endoscopy procedures associated with a low-risk for bleeding.

Refer to Specialist (Cardiology/Hematology/Neurology)

- Any Mitral Valve Prosthesis
- Mechanical Aortic valve
- Recent (within 6 months) CVA or TIA
- Recent (within1 year) PCI
- Recent (within 3 months) VTE
- Any underlying blood dyscrasias (Thrombophilia, APLS, etc.)
- Cardiac thrombus