

Anti-platelet / Anticoagulation Management for GI Procedures

Dear Dr. _____,

Date: _____

Your patient _____ (DOB: _____) was referred to UNC to undergo an elective _____ for _____. Anticoagulation can create a high risk of bleeding. Your patient informs us that he/she is currently taking the following medication(s):

Plavix / Coumadin / Lovenox / Pradaxa / Xarelto / Effient / _ _____.

We asked your patient to contact you for advice regarding medication management around the time of their procedure. For your patient's safety, we will wait to schedule the procedure until we hear from them that they have discussed their medication with you.

American Society of Gastrointestinal Endoscopy guidelines (available at ASGE.org – “Practice Guidelines”) recommend the following:

Plavix (Clopidigrel) and Effient (Prasugrel):

- *Low thromboembolic risk*: hold 7 days before and possibly after the procedure.
- *High thromboembolic risk*: hold 7 days before and possibly after the procedure. Aspirin monotherapy can be considered. **If it is not possible to discontinue Plavix then the procedure should be postponed.**

Coumadin (Warfarin):

- *Low thromboembolic risk*: hold for 5 days prior to procedure or INR <1.5.
- *High thromboembolic risk*: hold for 5 days prior to procedure or INR <1.5. Consider bridge therapy with Lovenox, if necessary.

Lovenox (Enoxaparin)

- Last dose should be administered 24 hours before the procedure.

Pradaxa (Dabigatran) and Xarelto (Rivaroxaban)

- If normal renal function, hold for 2 days before the procedure.
- If renal insufficiency (creatinine clearance < 50 mL/min) hold for 4 days prior to procedure.
- The time point for resumption of dabigatran will be based on the post-procedure risk of bleeding and the thromboembolic risk.

If you would like to discuss this with a member of our endoscopy team, please call our office at 919-966-6400. Thank you for helping us to deliver high quality, safe endoscopies