

⇒ Stopping/Restarting Anticoagulants Before a procedure

Patients taking anticoagulants (blood thinners) should stop them before any invasive procedure(s). The concern is uncontrolled bleeding. This **must be discussed with the surgeon** prior to having any invasive procedure.

Examples of prescription blood thinners include:

- **Coumadin:** Coumadin (warfarin), Jantoven (warfarin)
- **Antiplatelet drugs:** Agrylin (Anagrelide), Plavix (clopidogrel), Ticlid (ticlopidine), Dipyridamole (Aggrenox, Persantine), Pentoxifylline (Trental), Cilostazol (Pletal), Effient (prasugrel), Brilinta (Ticagrelor)
- **Heparin Anticoagulants:** Lovenox (enoxaparin, LMWH), Heparin (unfractionated), Fragmin (Dalteparin)
- **Other Anticoagulants:** Xarelto (rivaroxaban), Pradaxa (dabigatran), Eliquis (apixaban), Arixtra (fondaparinux)

Examples of over the counter blood thinner medications:

- **NSAID's :** Aspirins and NSAID's (Advil/ibuprofen, Motrin, Aleve, celebrex, indomethacin, bextra...)
- **Tylenol** is not a blood thinner. It is safe to use when off your blood thinners/around surgery time.

WHEN TO STOP

- STOP Coumadin** for at least 5 full days before an invasive procedure.
- STOP ALL Antiplatelet Drugs** for at least 7 full days before an invasive procedure
- STOP Heparin Anticoagulants,** for at least 24hrs before an invasive procedure
- STOP All Other Anticoagulants Drugs,** for at least 2 full days (if have renal disease/failure 5 days) before an invasive
- STOP ALL NSAID's,** for 7 full days before an invasive procedure.

WHEN TO RESTART

RESTART Most Anticoagulants can be restarted the evening of your procedure or the next day after the invasive procedure. Must Speak with surgeon prior to restarting after the invasive procedure is completed.

WHILE OFF ANTICOAGULANTS

WHILE off Blood Thinner(s), patient may require a different blood thinner to protect them while off their regular anticoagulant. Patient history is very important to if another anticoagulant is required during the period patient is off their regular blood thinner. Please review Peri-Operative Anticoagulation Guidelines as needed.

WHAT PATIENT SHOULD DO

STOP (drug name): _____

STOP ON (date): _____ **RESTART ON** (date): _____

NEXT PT/INR (date): Not applicable _____ (in AM)

Have PT/INR results faxed to
913-322-7410

Not Applicable

START NEW DRUG (drug name): _____

START ON (date): _____ **STOP ON** (date): _____