Anticoagulation Management:
Risk Prevention When Surgery or Other Invasive Procedures are Planned

Anticoagulant medications, commonly referred to as "blood thinners," are safe and effective to use to prevent or treat dangerous blood clots, but special precautions should be taken to prevent clotting and bleeding events when surgery and other invasive procedures, such as dental work, are planned.

Whether you have been prescribed warfarin, one of the newer oral anticoagulation therapies that do not require routine INR monitoring, or have been advised to take aspirin given your potential blood clot risks, surgery and other invasive medical interventions can increase your risk for dangerous bleeding if your therapy is not managed correctly.

CHECKLIST: The checklist below will help you evaluate and reduce your risk for blood clots and bleeding if you are preparing for surgery or an invasive medical procedure.

Have your doctor perform anticoagulation assessment seven or more days prior to your surgery or procedure. From this assessment, be prepared to:

√ Understand the **bleeding risk** of your procedure
- High Risk
- Medium Risk
- Low Risk

√ Understand your **risk factors for blood clots**
- High Risk
- Medium Risk
- Low Risk

√ Get specific instructions from your doctor about whether or not you will need to stop taking your oral anticoagulant medication based on your individual bleeding and blood clotting risks.

√ Receive specific instructions about whether or not your doctor wants you to stop or change your anticoagulation therapy, and when you should restart your usual routine therapy. Make sure these instructions are clearly communicated and recorded. Follow your doctor's instructions carefully to reduce your bleeding and clotting risks and to make sure your surgery or procedure does not need to be postponed.

√ Your doctor will follow general guidelines like those shown below to come up with the anticoagulation management plan that meets your specific needs, depending on the medication you use. Follow your doctor's instructions carefully.
- If you are taking warfarin, stop taking it five days before the procedure.
- If you need to bridge with injections of low molecular weight heparin, begin bridging 3 days before the procedure, and stop low molecular weight heparin injections 24 hours before procedure.
- If you are taking one of the direct oral anticoagulants – apixaban, edoxaban, rivaroxaban – stop taking it 2 to 3 days before the procedure.
- If you are taking the direct oral anticoagulant dabigatran, stop taking it 3 to 5 days before the procedure.
- After the procedure, resume anticoagulation as instructed by your doctor.

ASSESSMENT: Complete this brief assessment with your doctor prior to your surgery or medical procedure:

Date of surgery or medical procedure: ______________________________

Name of anticoagulant you are taking: ______________________________

Underlying risk factors for blood clots: ______________________________

Risk factors for bleeding (type of procedure): ______________________________

Medication Recommendation (including the days prior to, the day of, and the days after your procedure):

Date to stop taking oral anticoagulant (*if applicable*): ___ /___ /___

Date to start bridging with LMWH injections (*if applicable*): ___ /___ /___ Dose:______________

Date to stop LMWH injections (*if applicable*): ___ /___ /___

Date to resume LMWH injections (*if applicable*): ___ /___ /___ Dose:______________

Date to resume oral anticoagulant (*if applicable*): ___ /___ /___ Dose: ______________

My notes: ______________________________

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