NHS West Essex Clinical Commissioning Group

ANTICOAGULATION & ANTIPLATELET PROTOCOL FOR MINOR SURGERY

Guidance for procedures with no clinically important bleeding risk, including minor surgery (e.g. abscess incision and small dermatologic excisions).

ANTICOAGULANTS	**APIXABAN**	• Apixaban should be discontinued at least 24 hours prior to elective surgery or invasive procedures with a low risk of bleeding,[1] and should be restarted 6 hours later.[2]
	DABIGATRAN	• Dabigatran should be discontinued at least 24 hours before invasive or surgical procedures,[1] and should be restarted 6 hours later.[2]
	EDOXABAN	• Edoxaban should be stopped at least 24 hours before the procedure,[1] and should be restarted 6 hours later.[2]
	RIVAROXABAN	The procedure can be performed: • Just before the next dose of Rivaroxaban is due, OR • Approximately 18 to 24 hours after the last dose of Rivaroxaban was taken and Rivaroxaban should be restarted 6 hours later.[2]
	WARFARIN	• GPs providing minor surgery should seek advice from Anticoagulation Services as appropriate in relation to warfarin/Vitamin K Antagonist management.
ANTIPLATELETS	For Antiplatelets the risk of temporarily withholding the antiplatelet drug should be considered alongside the bleeding risk. Take into account the patient's history and their indication for treatment with an antiplatelet drug. **The clinician who originally prescribed the drug should also be involved in making this decision.** Dual antiplatelet therapy increases the risk of surgical bleeding complications. The bleeding risk is further increased if Ticagrelor or Prasugrel are used rather than Clopidogrel.[4]	
	ASPIRIN **CLOPIDOGREL** **TICAGRELOR** **PRASUGREL**	**Low cardiovascular risk - Secondary prevention of CV disease** Continue Aspirin.[3,5] Stop Ticagrelor **FIVE** days before procedure[1]; Clopidogrel or Prasugrel[1] **SEVEN** days before procedure provided surgery is not required within 4 weeks of bare-metal stent. Restart 24 hours after procedure provided the patient is not actively bleeding.[4] **Moderate to High cardiovascular Risk – Medical management due to co-morbidities (not treated with PCI)** Discuss with Cardiologist. Continue Aspirin and/or Clopidogrel/Ticagrelor/ Prasugrel peri-operatively. [3]
	DIPYRIDAMOLE	Stop Dipyridamole 2 days before high bleeding risk procedure.[3]

This advice is for patients with normal renal and hepatic function – other concurrent medical conditions may influence the decision made. Seek specialist advice if needed.

References:

1. *SpMC Electronic Medicines Compendium (Eliquis; Pradaxa; Lixiana,Prasugrel, Ticagrelor) [Accessed 15.10.19]*
2. *CKS summaries – Anticoagulation (Apixiban, Dabigatran, Edoxaban, Rivaroxaban, Warfarin) Last revised June 2019.*
3. *Princess Alexandra Hospital Guidelines for the management of anticoagulation and antiplatelet therapy in the perioperative/procedural period (DRAFT) [Accessed 15.10.19]*
4. *CKS summaries – Antiplatelet treatment Last revised September 2018.*
5. *British Society for Haematology. Peri-operative management of anticoagulation and antiplatelet therapy. October 2016.*

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