

# Stopping Anticoagulants prior to Surgery or a Procedure

**This leaflet explains what to do if you are on anticoagulation medication and have plans for surgery or a procedure. It is very important that you inform your anticoagulation clinic immediately if you have been listed for surgery or a procedure.**

**A plan for your anticoagulation medication will be written for you in advance so that you have clear instructions of what to do before you are admitted to hospital and on the day of the surgery or procedure. A plan will also be made for you after your surgery or procedure but will be reviewed by your surgical team before you go home.**

**You may be asked to temporarily stop your oral anticoagulant so you can safely have the surgery or procedure. You may require an injection into the skin whilst not taking oral anticoagulation. It is important that anticoagulation is only stopped when you are instructed to do so.**

**If you are on any antiplatelet drugs such as aspirin, prasugrel, clopidogrel and / or ticagrelor please discuss with your surgical team or GP whether this medication should be stopped prior to surgery or the procedure.**

**If you have any further questions, please speak to a doctor, nurse or pharmacist caring for you**

## **What are anticoagulants and what is the purpose of these drugs?**

Anticoagulants are blood thinners and perform a vital role for treatment and prevention of medical conditions such as coronary artery disease, stroke and blood clots.

Examples of oral anticoagulants include warfarin, acenocoumarol, apixaban, rivaroxaban, edoxaban and dabigatran.

Examples of injectable anticoagulants include dalteparin, heparin and fondaparinux.

These are given into the skin (subcutaneous).

## **Why is anticoagulation stopped for surgery or a procedure?**

Anticoagulants thin the blood and increase the risk of bleeding. Surgery and procedures also have a bleeding risk and so anticoagulation may need to be stopped for a short period to ensure they can be carried out safely.

For the period of time when oral anticoagulation is stopped, your clotting risk is increased. This has to be carefully balanced with your bleeding risk associated with the surgery or procedure. Your anticoagulation management plan will be individualised for you.

## **What is 'bridging' and the purpose of this?**

Bridging is the term used for when an injection into the skin, such as dalteparin or heparin, is used as a substitute to 'bridge' the gap when oral anticoagulation is stopped. The short acting anticoagulant injection is safe to use around the time period of the surgery or procedure.

## **Warfarin and Acenocoumarol**

Warfarin is usually stopped five days before surgery or a procedure. Acenocoumarol is usually stopped three days before surgery or a procedure.

You may require substitute injectable anticoagulation whilst not taking warfarin or acenocoumarol. An individualised plan will be written for you before your surgery or procedure so that you have clear instructions of what to do.

Warfarin and acenocoumarol are usually restarted one day after the surgery or procedure and only when it is safe to do so. The surgical team will review the anticoagulation plan after the surgery or procedure based on your clotting and bleeding risk.

For procedures such as a tooth extraction or cataract surgery, warfarin and acenocoumarol can be continued as normal but you will need a blood test to check your International Normalised Ratio (INR) within 72 hours of the surgery or procedure to ensure it can be carried out safely. The clinician may specify a maximum INR to proceed with this type of procedure.

### **Apixaban, Rivaroxaban and Edoxaban**

You will need to stop taking these anticoagulants between one and three days before surgery or a procedure.

The doctor carrying out the surgery or procedure will inform you when it is safe to stop and restart them. Alternatively, if you are undergoing a general anaesthetic your pre-operative assessment nurse will provide instructions as to what to do.

### **Dabigatran**

You will need to stop taking dabigatran between one and four days before surgery or a procedure.

The doctor carrying out the surgery or procedure will inform you when it is safe to stop and restart dabigatran. Alternatively, if you are undergoing a general anaesthetic your pre-operative assessment nurse

will provide instructions as to what to do.

### **Supply of 'bridging' medication**

If you require bridging with injection such as dalteparin or heparin, the medication will be supplied to you from the anticoagulation clinic for the bridging prior to the procedure only. The bridging medication after your procedure will be supplied by your surgical team on discharge from the hospital.

However, if you are having an endoscopy the bridging medication will be supplied for both prior to the procedure and after the procedure.

### **What do I do if my surgery is postponed or cancelled?**

If your surgery or procedure is postponed or cancelled, ask the doctor performing the surgery or procedure or pre-operative assessment clinic about restarting your anticoagulation medication. If this information is not given to you, please contact your anticoagulation clinic straight away for further instructions. It is important that anticoagulation is restarted as soon as possible unless you have been instructed otherwise.

### **Contact us**

If you have any questions or concerns, please contact your Anticoagulation clinic on 020 8725 5443 from Monday to Friday, 9.00am to 4.00pm

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk) or NHS website [Anticoagulant medicines - NHS \(www.nhs.uk\)](http://www.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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