

Management of Periprocedural Anticoagulation (DOACs)

February 2016	Bleeding Risk		High			Intermediate			Low			Minor			Other considerations
	Thrombotic Risk		Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	
Direct Factor Xa Inhibitors															
apixaban (Eliquis)	Days to stop apixaban prior to procedure	≤ 1 risk factor	2 days	4 days	2 days	4 days	1 day	2 days	continue apixaban	consider holding 1 day prior if high bleeding concern					
	<u>Risk factors</u> Age ≥ 80 yr	2 risk factors	3 days												
	Weight ≤ 60 kg Cr ≥ 1.5 mg/dL	3 risk factors	4 days												
edoxaban (Savaysa)	Days to stop edoxaban prior to procedure	CrCl 50-95	2 days	3 days	2 days	3 days	1 day	2 days	continue edoxaban	consider holding 1 day prior if high bleeding concern					
		CrCl 30-49	3 days	4 days	3 days	4 days	2 days	3 days							
		CrCl 15-29	4 days												
rivaroxaban (Xarelto)	Days to stop rivaroxaban prior to procedure	CrCl ≥ 50	2 days	3 days	2 days	3 days	1 day	2 days	continue rivaroxaban	consider holding 1 day prior if high bleeding concern					
		CrCl 30-49	3 days	4 days	3 days	4 days	2 days	3 days							
		CrCl 15-29	4 days												
Other therapeutic considerations										<p style="text-align: center;">Consider addition of tranexamic acid or aminocaproic acid mouthwash for dental procedures.</p> <p style="text-align: center;">Tranexamic acid dosing for dental procedures: Oral rinse, 4.8% solution. Hold 10 mL in mouth and rinse for 2 minutes, then spit out. First dose 10 minutes prior to procedure. Repeat 4 times daily (~every 6 hours) for 2 days after procedure. Patient should not eat or drink for 1 hour after using oral rinse (Carter, 2003).</p>					

Table continues on next page with Direct Thrombin (Factor IIa) Inhibitors

Management of Periprocedural Anticoagulation (DOACs, *continued*)

February 2016	Bleeding Risk			High			Intermediate			Low			Minor			Other considerations	
	Thrombotic Risk			Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low		
Direct Thrombin (Factor IIa) Inhibitors																	
dabigatran (Pradaxa)	Days to stop dabigatran prior to procedure	CrCl ≥ 80	4 days			2 days	4 days		1.5 days	2 days		continue dabigatran			consider holding 1 day prior if high bleeding concern		<p style="text-align: center;">Bridging Not indicated</p> <p style="text-align: center;">Resuming Anticoagulation Resume anticoagulant as soon as hemostasis is achieved and is ok with surgeon. However, avoid resuming anticoagulant within 24 hours postoperatively.</p> <p style="text-align: center;">Labs If high bleeding risk, consider checking dabigatran level, thrombin time or aPTT the morning of procedure to assess anticoagulation effect</p>
		CrCl 50-79				3 days			2 days								
		CrCl 30-49	5 days	6 days	4 days	5 days	3 days	4 days									
		CrCl 15-29		7 days	5 days	7 days	4 days	5 days									
Other therapeutic considerations												<p style="text-align: center;">Consider addition of tranexamic acid or aminocaproic acid mouthwash for dental procedures.</p> <p style="text-align: center;">Tranexamic acid dosing for dental procedures: Oral rinse, 4.8% solution. Hold 10 mL in mouth and rinse for 2 minutes, then spit out. First dose 10 minutes prior to procedure. Repeat 4 times daily (~every 6 hours) for 2 days after procedure. Patient should not eat or drink for 1 hour after using oral rinse (Carter, 2003).</p>					