

LOW RISK BLEEDING

Dipyridamole

Continue if used alone.
If used in combination with aspirin, stop dipyridamole the day before biopsy.

LMWH

Therapeutic dose:
Withhold 24hrs before
Prophylactic dose:
Withhold 12hrs before

NSAIDS

Continue

Aspirin

Warfarin

Email Haematology:
(include type & date of procedure):
ruh-tr.AnticoagulationTeam@nhs.net

**Clopidogrel/ Prasugrel
Ticagrelor/ Dabigatran
Rivaroxaban/ Apixaban**

LOWER RISK THROMBOSIS

- Ischaemic heart disease without coronary stent
- Cerebrovascular disease
- Peripheral vascular disease
- Prevention of recurrent DVT/PE (after 6months Tx)

HIGHER RISK THROMBOSIS

- Coronary artery stents
- Stroke/TIA or venous thrombosis within last 3 months
- Cerebrovascular stents
- Treatment of DVT or PE

**STOP Clopidogrel & Prasugrel
7 days pre-procedure**

**Continue aspirin if on dual antiplatelets
Substitute aspirin if on single agent**

**STOP Dabigatran/Rivaroxaban/Apixaban/
Ticagrelor only on morning of procedure**

**STOP Liaise with
Cardiology/
Haematology**

Consider stopping Clopidogrel/ Prasugrel 7 days before procedure if:
>12 months after insertion of drug-eluting coronary stent
>1 month after insertion of bare metal coronary stent

Low Risk Bleeding:

- Non-tunnelled venous catheter
- Dialysis access interventions
- Central line removal
- IVC filter placement
- Venography
- Catheter exchange (biliary/ nephrostomy/ abscess drainage catheter)
- Thoracocentesis
- Paracentesis
- Thyroid biopsy
- Superficial aspiration, drainage and/or biopsy (excluding intra-thoracic or intra-abdominal sites)
- GI tract dilatation
- **FNA/Joint Aspiration/injection – continue warfarin (no INR required), aspirin, LMWH (therapeutic dose), clopidogrel and dabigatran**

Tests & Thresholds:

- **INR** - recommended (within 7 days of procedure)
- **APTT** - recommended (correct so value ≤ 1.5x control)
- **Platelet count** - Not routinely recommended

Non severe thrombophilia – eg heterozygous for factor V Leiden or heterozygous for prothrombin G20210A mutation

Severe thrombophilia – eg deficiency of protein C, protein S or antithrombin, antiphospholipid syndrome or multiple/homozygous abnormalities

References

1. Patel JJ, Davidson JC, Nikolic B et al. Addendum of newer anticoagulants to the SIR consensus guideline. J Vasc Interv Radiol 2013;24:641-5.
2. Foremny GB, Pretell-Mazzini J, Jose J et al. Risk of bleeding associated with interventional musculoskeletal radiology procedures. A comprehensive review of the literature. Skeletal Radiol 2015;44:619-27.
3. RUH Trust Haematology Guidelines (2016) Peri-operative management of antiplatelet agents.
4. RUH Trust Haematology Guidelines (2014) Warfarin peri-procedural management of anticoagulation.