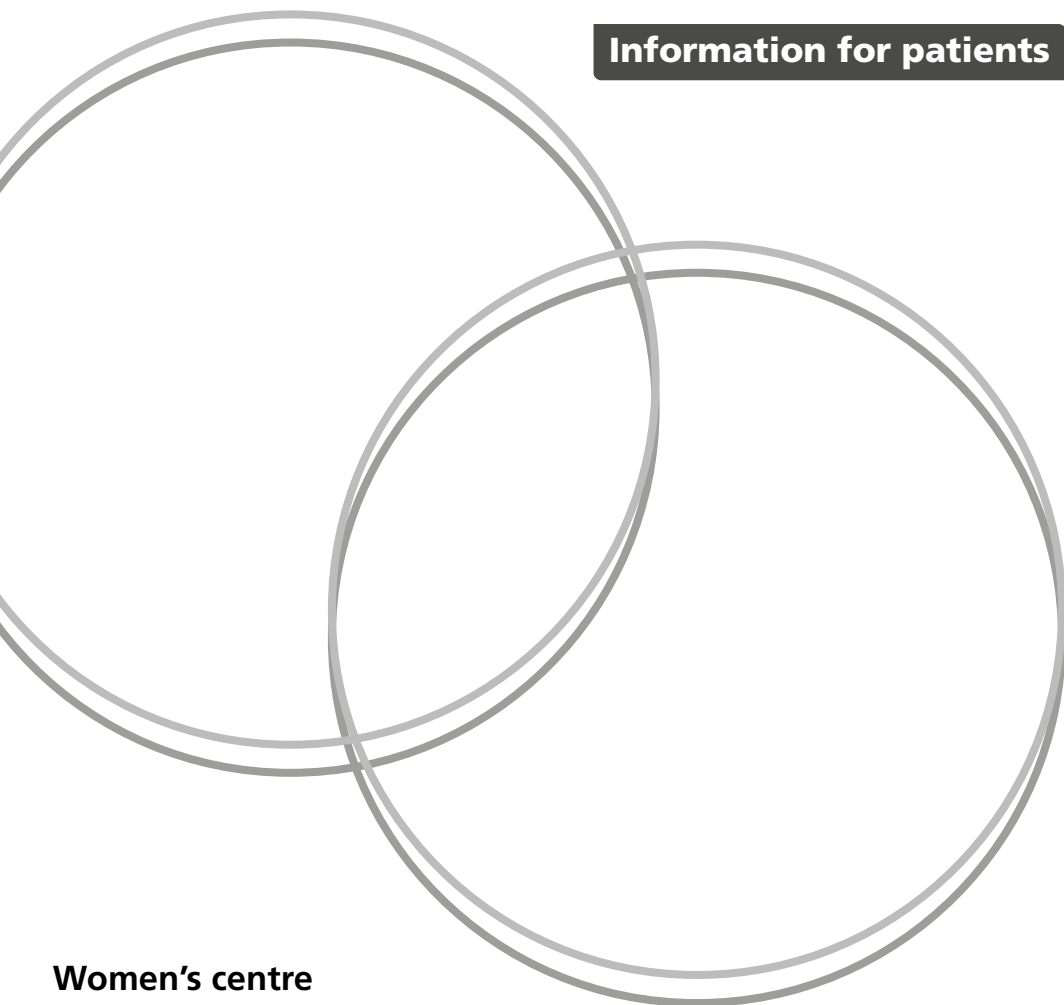


Stopping anticoagulants or antiplatelets prior to invasive gynaecological procedures

Information for patients



This leaflet is for patients who are on antiplatelets or anticoagulants and are having invasive gynaecological procedures. It explains why it is necessary to stop these medications and how you should do this.

What is the purpose of these medicines?

You may have been started on anticoagulants or antiplatelets because an irregular or fast heart beat (atrial fibrillation), a previous stroke, heart valve replacement surgery or blood clots.

Anticoagulants include warfarin, apixaban, dabigatran, edoxaban and rivaroxaban.

Antiplatelets include aspirin and clopidogrel.

Some people may be prescribed different anticoagulants or antiplatelets, or be taking them for reasons not mentioned above. Please check with a healthcare professional if you are unsure.

Why is it important to stop these medications before your procedure?

A side effect of these medications is excessive bleeding or bruising. It is important to reduce this risk prior to your surgery. Therefore, depending on the surgery and anaesthetic you are having, you might be asked to stop taking these medications up to 7 days before your operation.

Warfarin

You will likely be asked to stop your warfarin 5 days before your surgery or procedure.

It is very important you inform your anticoagulant clinic immediately if you have been listed for surgery or a procedure. Our pre-operative team will also aim to contact them as this will affect dosing and requires close monitoring of your INR levels (how long your blood takes to clot). We want to ensure when you stop your warfarin, it is done safely.

You may require a substitute medication whilst not taking warfarin. This can be arranged through your anticoagulant clinic.

It is possible to restart your warfarin the day after your surgery but we will discuss and confirm this with you.

If you are only having a diagnostic procedure, you may not need to stop your warfarin if your INR is below 3. If unsure, please confirm this with your surgeon.

If you have metallic heart valves, it is likely a haematologist will also be involved in the decision to stop your warfarin.

Apixaban/Rivaroxaban/Edoxaban

You will need to stop taking these medicines a day before your procedure. The doctor carrying out the 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 about what to do.

Dabigatran

You will need to stop taking dabigatran 1 -4 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

Aspirin

You may not need to stop your aspirin particularly if you have a medical history of coronary artery disease or stroke. Certain patients having major surgery will be asked to stop aspirin if safe to do so, and this will be 7 days before surgery. Patients taking a higher dose of aspirin will also be asked to stop aspirin 7 days before.

Clopidogrel

People taking clopidogrel usually need to stop taking it 7 days before the date of surgery. Sometimes you will be asked to take aspirin instead, just for this short period, and only if you can tolerate it.

What do I do if my procedure is cancelled or deferred?

If your surgery or procedure is cancelled or delayed, ask the doctor performing the surgery or procedure about restarting warfarin.

If this information is not given to you, please contact your anticoagulant clinic straight away for further instructions.

For all other anticoagulants and antiplatelet medicines mentioned in this leaflet, ask the doctor performing the surgery or procedure or ask the pre-operative assessment clinic about restarting the named drug. However, the principle is that these important medicines must be restarted as soon as possible unless you have been instructed otherwise.

Anticoagulation service

The telephone lines are open from 9am to 5 pm
(Monday to Friday – excluding bank holidays)

Churchill Hospital

Tel: **01865 857 555**

Email: **Ac.service@nhs.net**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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