

Department of Neurosurgery

# Warfarin and neurosurgery

Information for patients



This leaflet explains why it is necessary to stop taking your warfarin before your operation and how you should do this.

## What is warfarin?

Warfarin belongs to a group of drugs called oral anticoagulants. There are several reasons why people take warfarin. These include an irregular or fast heart beat (atrial fibrillation), a recent stroke or transient ischemic attack (TIA), heart valve replacement surgery, or a venous thromboembolism (VTE).

Warfarin works by affecting certain chemicals normally found in your blood. By changing the way these chemicals act, your blood is less likely to form harmful clots (which may lead to a stroke or VTE). This process is known as anticoagulation – also commonly known as ‘blood thinning’. However, your blood is actually no thinner than normal; it is just less likely to clot if you were to cut yourself.

## Why is it important to stop warfarin before my operation?

A side effect of taking warfarin is excessive bleeding or bruising, as the blood does not clot as quickly as in someone who is not taking warfarin.

As you are going to have surgery, it is important that the risk of bleeding is kept to a minimum. For that reason we ask you to stop taking warfarin before your operation.

Depending on why you are taking warfarin, you may need to have a short-acting anticoagulant when your warfarin is stopped. This is given in the form of an injection and is called ‘bridging therapy’. We will let you know at your pre-operative assessment if this is necessary. Bridging therapy may be done by your local Anticoagulation Team, GP, or you may be asked to come into hospital.

## When do I need to stop taking my warfarin?

It is safe to stop taking warfarin abruptly. There is no need to gradually reduce the dose.

**You must stop taking your warfarin tablets 5 days before your surgery.** For example, if your surgery is planned for a Monday, you should take your last warfarin tablets on the evening of the Tuesday before.

If you do not already have a date to come in for surgery, the waiting list officer will send you a letter containing these details.

We will admit you to the ward on the day before your operation. When you are admitted we will take some blood to measure your INR level. INR stands for International Normalised Ratio. An INR is a measure of how much longer than normal it takes for your blood to clot. **For example:** *If your INR is 2.0 then it takes twice as long as normal for your blood to clot.*

If your INR is higher than 1.5, the doctors may prescribe you some medication to improve this before your surgery. On the morning of your operation, we will take more blood for a repeat INR. If it remains high, you may be given fresh frozen plasma (a component of blood) to reverse the effects of the warfarin. The medical and nursing staff will discuss this with you at the time.

## What happens after the operation?

It is possible to restart your normal dose of warfarin on the evening after your surgery or the following day. However, it depends on the type of surgery you have had and whether or not you were given 'bridging therapy'. The doctors will discuss this with you and confirm when you can re-start your warfarin.

## What next?

Before you are discharged home you should be told your latest INR result and given instructions on what dose of warfarin to take when you get home.

Once you are at home it is very important that you contact your local Anticoagulation Service. It may take some time for your INR level to settle into the range you need and they will want to monitor you closely.

## Questions or concerns

If you have any questions that you would like to discuss before you come into hospital, you can contact one of the Nurse Practitioners:

Tel: **01865 234 975**

Monday to Thursday, 9.00am to 5.00pm

For urgent advice or problems after your visit to hospital, you should contact your GP, call NHS 111 (freephone from mobiles and landlines) or telephone your local Anticoagulation Service.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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