

Anticoagulant Management for Elective Invasive Procedures in Medical Imaging

MODERATE RISK

<p align="center">MODERATE RISK</p> <p>INR ≤ 1.5 Platelets > 50 x 10⁹/L Required labs: PT, PTT, INR, platelets Inpatients 72 hours Outpatients 30 days</p>	<p align="center">Anticoagulant / Antiplatelet MEDS</p>	<p align="center">Discontinue Yes* / No</p>	<p align="center">Stop Anticoagulant Recommended Hours / Days off Meds*</p>	<p align="center">Resume MEDS Recommendation when to resume</p>
<p>VASCULAR</p> <ul style="list-style-type: none"> • Angiography/Neuroangiography • Venous interventions (including central venous) • Chemoembolization • Uterine fibroid embolization • Transjugular liver biopsy • Tunneled CVC / Port / Hickman • Varicocele embolization <p>NON-VASCULAR Abdominal / Thoracic Procedures</p> <ul style="list-style-type: none"> • Intraabdominal, chest wall, pleural or retroperitoneal abscess drainage or core biopsy • Gastrostomy/gastrojejunostomy • Percutaneous cholecystostomy • Lung Biopsy • Uncomplicated thermal ablation – liver, kidney, MSK, lung • Transabdominal liver biopsy <p>MSK/Spine Procedures</p> <ul style="list-style-type: none"> • Lumbar puncture, epidural injection, facet block, nerve root block • Vertebroplasty/kyphoplasty • Spine biopsy, paraspinal injection • Extremity/MSK core biopsy 	<ul style="list-style-type: none"> • Aspirin (ASA), any dose • Aggrenox® 	<p align="center">No</p>		
	<ul style="list-style-type: none"> • Clopidogrel (Plavix®) • Dipyridamole (Persantine®) • Prasugrel (Effient®) • Ticagrelor (Brilinta®) • Ticlopidine (Ticlid®) 	<p align="center">Yes</p>	5 days (MUST be approved by Cardiologist if medication specific to post cardiac stent placement)	Day after procedure
	<ul style="list-style-type: none"> • Warfarin (Coumadin®) 	<p align="center">Yes</p>	5 days CHECK INR within 24 hrs.	Evening of procedure
	<ul style="list-style-type: none"> • Subcutaneous Heparin 	<p align="center">Yes</p>	Last dose given 6 hrs prior	Evening of procedure
	<ul style="list-style-type: none"> • Low Molecular Weight Heparin (LMWH) • Enoxaparin (Lovenox®) • Dalteparin (Fragmin®) • Tinzaparin (Innohep®) 	<p align="center">Yes</p>	Prophylactic: 12 hrs prior Therapeutic: 24 hrs prior	Day after proc
	<ul style="list-style-type: none"> • (IV) Unfractionated Heparin ➔ REQUIRES PTT 	<p align="center">Yes</p>	Infusion to stop 4 hrs prior (goal: PTT ≤ 50 s)	6 hrs after procedure
	<ul style="list-style-type: none"> • Dabigatran (Pradaxa®) 	<p align="center">Yes</p>	GFR > 50: 24 hours GFR ≤ 50: 48 hours	Day after procedure
	<ul style="list-style-type: none"> • Rivaroxaban (Xarelto®) • Apixaban (Eliquis®) 	<p align="center">Yes</p>	Last dose given 24 hrs prior	Day after procedure
	<ul style="list-style-type: none"> • Fondaparinux (Arixtra®) 	<p align="center">Yes</p>	Prophylactic: 24 hrs Therapeutic: 48 hrs	Day after procedure

Albumin guideline: 50g albumin to be given if > 7 liters are removed during a paracentesis. A maximum of 15 liters to be drawn during a single paracentesis.

***Ordering Provider must consent with medication hold recommendations.**

For additional questions, Ordering Providers can reach an IR Radiologist by calling the MRG Call Center at 541-618-5800.

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HIGH RISK

<p>HIGH RISK PROCEDURES</p> <p>INR ≤ 1.5 Platelets > 80 x 10⁹/L Required labs: PT, PTT, INR, platelets Inpatients 72 hours Outpatients 14 days</p>	<p>Anticoagulant / Antiplatelet MEDS</p>	<p>Discontinue Yes* / No</p>	<p>Stop Anticoagulant Recommended Hours / Days off Meds*</p>	<p>Resume MEDS Recommendation when to resume</p>
<p>VASCULAR</p> <ul style="list-style-type: none"> TIPS (Transjugular Intrahepatic Portosystemic Shunt) <p>NON-VASCULAR</p> <p>Abdominal Procedures</p> <ul style="list-style-type: none"> Renal core biopsy PCNL/Nephrostomy Biliary drainage (PTBD) 	<ul style="list-style-type: none"> Aspirin (ASA), low dose (81mg) Aggrenox® 	Yes	5 – 7 days	Day after procedure
	<ul style="list-style-type: none"> Clopidogrel (Plavix®) Dipyridamole (Persantine®) Prasugrel (Effient®) Ticagrelor (Brilinta®) Ticlopidine (Ticlid®) Aspirin, Non low dose 	Yes	7 days (MUST be approved by Cardiologist if medication specific to post cardiac stent placement)	Day after procedure
	<ul style="list-style-type: none"> NSAIDs 	Yes	3 days	Day after procedure
	<ul style="list-style-type: none"> Warfarin (Coumadin®) 	Yes	5 days CHECK INR within 24 hrs.	Day after procedure
	<ul style="list-style-type: none"> Subcutaneous Heparin 	Yes	Last dose 12 hrs prior	Day after procedure
	<ul style="list-style-type: none"> Low Molecular Weight Heparin (LMWH) Enoxaparin (Lovenox®) Dalteparin (Fragmin®) Tinzaparin (Innohep®) 	Yes	Prophylactic: 12 hrs prior Therapeutic: 24 hrs prior	Day after proc 2 nd day after proc
	<ul style="list-style-type: none"> (IV) Unfractionated Heparin ➔ REQUIRES PTT 	Yes	Infusion to stop 6 hrs prior (goal: PTT ≤ 43 s)	12 hrs after procedure
	<ul style="list-style-type: none"> Dabigatran (Pradaxa®) 	Yes	GFR > 50: 2 days GFR ≤ 50: 4 days	2 nd day after procedure
	<ul style="list-style-type: none"> Rivaroxaban (Xarelto®) Apixaban (Eliquis®) 	Yes	2 days	2 nd day after procedure
	<ul style="list-style-type: none"> Fondaparinux (Arixtra®) 	Yes	Prophylactic: 24 hrs prior Therapeutic: 48 hrs prior	2 nd day after procedure

Albumin guideline: 50g albumin to be given if > 7 liters are removed during a paracentesis. A maximum of 15 liters to be drawn during a single paracentesis.

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