

Surgery for Patients on Oral Anticoagulants

(for example: warfarin, rivaroxaban, apixaban, dabigatran,
edoxaban)

Surgery

Patient Information Leaflet

You have been given this leaflet because you are due to have surgery and are taking an anticoagulant medication. It is important that this is managed correctly over the week of your operation to minimise the risk of both bleeding from the operation, as well as thrombosis (blood clots that can lead to conditions such as deep vein thrombosis, pulmonary embolus, stroke, or heart attack) from your underlying condition.

There are three options:

1. If your operation has a very small risk of bleeding, you will be asked to continue your regular medication.
2. More commonly, to reduce the risk of excessive bleeding, you will be asked to stop your anticoagulant for a few days prior to surgery, depending on the agent you are taking. After your operation, you will restart it on your doctor's instructions.
3. If you are at risk of both bleeding and thrombosis, you may be asked to stop your regular medication and replace it with daily blood thinning injections called 'bridging therapy'. Enoxaparin, also called Clexane, will be prescribed in the pre-operative assessment clinic. When bridging therapy is used, the risk of bleeding is higher and must therefore be weighed up carefully in the light of the procedure being undertaken.

Minimising the risk

Unfortunately, it is not possible to completely remove the risk of bleeding during surgery by stopping your anticoagulants.

Occasionally the bleeding will be life-threatening, or cause harm to surrounding structures of the body. Even after stopping anticoagulants, it is still possible to develop a pulmonary embolus (a blood clot in the lungs), deep vein thrombosis (a blood clot that develops within a deep vein in the body), or stroke, despite bridging therapy. Strokes are rare but may be fatal in 40% of cases of stroke, with severe disability in 30%.

However, the advice given to you before your operation has been carefully researched and will minimise these risks as far as possible.

If you have any queries about this or wish to review your decision to have an operation, please discuss it with your surgical team.



Before surgery

The pre-operative assessment nurse will advise whether you need to stop your anti-coagulant and if so, whether you need to take the bridging injections. They will explain how and when to administer them, and how to safely dispose of used syringes. Alternatively, these injections could be administered by a community nurse or at hospital. Your blood clotting will be checked one or two days before your surgery to check it is safe to operate.

After surgery

You will restart your oral anticoagulant drugs which you were taking previously. You may need to continue with enoxaparin injections for a few days if you take warfarin, until your INR reaches your normal therapeutic level.

Please discuss any questions you have with the clinical team.

Cancelled surgery

If your surgery is cancelled for any reason you must discuss ongoing anticoagulation with a hospital doctor. Depending on when your surgery is being re-scheduled, you may continue on the bridging enoxaparin or be restarted on to your normal medication. If you are not in the hospital for any reason when your operation is cancelled, it is important that you make phone contact with your clinical team using the phone number on your hospital admission letter.

Signs and symptoms of thrombosis to watch out for:

Pulmonary Embolus

Breathlessness, coughing up blood, chest pain that worsens on inhalation, collapse, palpitations

Deep Vein Thrombosis

Single leg swelling, calf tightness, pain and/or redness

Stroke

Paralysis or sudden weakness on one side, numbness on one side, changes in speech, facial asymmetry (face drooping on one side), sudden, severe headache.

Heart attack

Chest pain, jaw/arm pain, unexplained breathlessness.

If you have these or any serious concerns, it is very important that you contact medical services:

- If you suspect that you or someone else is having a stroke, pulmonary embolus or heart attack, phone 999 immediately and ask for an ambulance.
- Less urgent symptoms can be addressed by your GP or the NHS 111 helpline.

Leaflet Details

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Other formats

If you would like to receive this information in an alternative format, then please contact : 01539 795497

Travelling to our hospitals

For the best way to plan your journey visit our website:
<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497

Useful Contact Details

NHS 111 (for 24 hour urgent health advice): telephone 111

Your Information

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497.

Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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