Pre-operative Management of Patients Prescribed Anti-coagulants Guidance

University Hospitals of Leicester NHS
NHS Trust

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1. Introduction

This document outlines guidance for the pre-operative management of patients prescribed anticoagulants with responsibility for assessment, planning and decision making based on the British Society of Haematologists guidance (2016),

'the operating surgeon, dentist, or interventional radiologist has to assess the risk of bleeding for the individual patient and discuss both this and the plan for peri-operative anticoagulation with them. The plan must be recorded clearly in the notes, including a plan for when the patient is discharged'
https://b-s-h.org.uk/guidelines/guidelines/peri-operative-management-of-anticoagulation-and-antiplatelet-therapy/

2. Scope

This document does not cover the clinical management of the patient presenting for pre-operative assessment and preparation. Any clinical concerns relating to the patient's fitness to proceed to surgery, including perioperative medicines management, must be escalated to the Consultant Anaesthetist and Consultant Surgeon, as appropriate and in a timely manner.

3. Best Practice Guidance

- An individualised peri-operative anticoagulation care plan is required for all patients on anticoagulants (including: warfarin, apixaban, dabigatran, edoxaban, rivaroxaban; and heparin or heparinoids).

- The individualised peri-operative anticoagulation care plan should be generated in accordance with UHL Anticoagulation guidance and where possible at the time of decision to treat UHL Anticoagulation Bridging Therapy Guidelines

- The registered nurse, pharmacist or doctor may facilitate the process of perioperative medicines management in patients prescribed anticoagulants although the decision on whether to withhold anticoagulants or initiate bridging in patients prescribed anticoagulants is the responsibility of the Consultant Surgeon; or the Consultant Anaesthetist, Consultant Cardiologist or Consultant Haematologist that the consultant surgeon has referred to.

- In the event that the peri-operative plan for anticoagulant management is made by a Consultant other than the Consultant Surgeon, the proposed plan must be discussed with the Consultant Surgeon as the lead clinician for the patient's care - The ultimate responsibility for peri-operative management of anticoagulation rests with the operator (surgeon) and his/her team; including communication, providing bridging treatments, teaching to administer Low Molecular Weight Heparin (LMWH). The care plan must be signed off by the responsible Consultant.

- At the time of pre-operative assessment for patient's prescribed anticoagulants (including direct oral anticoagulants) the Registered Nurse, Pharmacist, or Junior Doctor must detail:
    - The indications for treatment, duration of treatment and who medically manages the patient. Such information will be held by the patient's registered GP.
    - For patient prescribed Warfarin, target INR and therapeutic range (normally documented in the yellow book or on the print out of INR results)
    - For patients prescribed Warfarin, monitoring and frequency of INR e.g. INR weekly- Managed by Anticoagulant Specialist Nurse at NHS Trust
    - Relevant blood test results including e.g. most recent INR (where applicable i.e. warfarin is prescribed), renal function (i.e. direct oral anticoagulants) and full blood count.
    - A summary of the patient's past medical history should be available at the time of pre-operative assessment to support clinical decision making.
    - Confirm presence of the individualised care plan, and understanding of the plan by the patient/carer.
- The care plan should contain clear unambiguous instructions regarding anticoagulant management including dosing by day relative to the planned procedure date e.g. Last dose of anticoagulant on Day-5 OR date if known (where Day 0 = operation date). In the event the instructions are provided by email, the email must be printed and added to the medical records.
- Use of the local bridging guideline templates will ensure a detailed and accurate record of the perioperative medicines instructions provided.
- If anticoagulation bridging is required, full details of the bridging therapy plan must be documented and signed including the start date, finish date and timing of the last dose of the 'bridging' therapy.
- A copy of all peri-operative plans must be given to the patient and sent to the GP once signed off by the Consultant Surgeon.
- Patients must be provided with a point of contact at Pre-operative Assessment (POA) Clinic and be advised that in the event that the surgery is postponed who to contact, and where to seek advice outside of the opening times should the postponement occur out of core hours - Additionally, any advice on restarting should be provided by the Consultant Surgeon or failing this by the GP or Consultant Haematologist who normally manages the patient.

4. Supporting Documents

Individualised Perioperative Anti-coagulation Management Plan (IPAMP)

Name DOB Hospital number **Demographic label**	**Patient contact numbers**

Proposed procedure	Anaesthetic type

Date of surgery		**Surgeon**	
Hospital Site		**Anaesthetist**	
Ward		**Weight**	**kgs**

Current Medicines	**Medicine**	**Dose**	**Strength**	**Route**	**Frequency**

Allergies		

Comorbidities		

Warfarin or other coumarin anticoagulants		**Direct oral Anticoagulant**
UHL Guideline	**Anticoagulation Bridging Therapy for Elective Surgery and Procedures** http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Anticoagulation%20Bridging%20Therapy%20for%20Elective%20Surgery%20and%20Procedures%20UHL%20Guideline.pdf	
Indications for treatment		
Therapeutic range		
Target INR		
Managed by	**Name and contact number**	
Bleeding risk	**Low bleeding risk operation/procedure**	**High bleeding risk operation/Procedure**
Thrombotic risk	**Low thrombotic risk**	**High thrombotic risk**
Creatinine		**Date**

Clearance	**mls/min**	
CHA2DS2VASC (AF only)		

Patients prescribed anticoagulants			
Day	**Oral anticoagulant dose(mg) Drug…… ……**	**Dalteparin dose units**	**Comments e.g. Time of last dose**
- 6			
- 5			
- 4			
- 3			
- 2			
- 1			
Day of operation/procedure			
1+			
2+			
3+			
4+			

Patients prescribed DOACs		
Drug	**Last dose**	**Comments**

Signature	Name
Designation	Date and time

If the date of your surgery is changed or cancelled	
If the date of your surgery is changed or cancelled it is important that you ask when you should start any medicines you have been asked to stop. If this information is not provided when your operation date is changed or cancelled please contact the number below as soon as possible.	
Name	Contact number

Copy to: Patient, GP, Medical Records, Haematology (if managed by Haematologist)

5. Key Words

Pre-operative, Pre-Op, Anticoagulation, Guidance

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