

Anticoagulants and Anti-Platelet Medications and Your Procedure

There are many new medications that are being prescribed for the treatment and/or prevention of blood clots or embolism in those patients with clotting disorders, certain heart disease, or stroke risk. These medications may substantially increase the risk of bleeding during or after your procedure. If you are taking one of more of these medications YOU MUST inform the Center for Gastroenterology and Nutrition prior to your procedure. Your gastroenterologist may discuss the options for this medication and your potential risks from continuation or discontinuation during the procedure and it may be recommended that you discontinue the medications listed below prior to the procedure. Listed below are GENERAL GUIDELINES ONLY. The Center for Gastroenterology and Nutrition do not want you to discontinue or modify your medication dosing without consultation with your primary care provider or the physician who prescribed the medication. If your dosing is modified or discontinued for your procedure, your primary care or prescribing physician are to provide you with appropriate directions for dosing following your procedure.

Warfarin (Coumadin)	5 days prior to your procedure
Heparin	8-12 hrs prior to your procedure
Dabigatran (Pradaxa)	1-2 days prior to your procedure
Rivaroxaban (Xarelto)	1-2 days prior to your procedure
Apixaban (Eliquis)	1-2 days prior to your procedure
Fondaparinux (Arixtra)	1.5-2 days prior to your procedure
Desludin (Lprivask)	2 hrs prior to your procedure
Clopidogrel (Plavix)	5 days prior to your procedure
Ticagrelor (Brilinta)	5 days prior to your procedure
Prasugrel (Effient)	7 days prior to your procedure