

Suggested Management of Antithrombotic Agents for a Screening-Related Colonoscopy

Antithrombotic Agent	Recommended interval between last dose and procedure	Recommended interval between procedure and next dose	If therapeutic intervention performed*
Anticoagulant agent			
Coumadin® (warfarin)	5 d	<24 hrs	<24 hrs
Low molecular weight heparin (LMWH)**	24 hrs	<24 hrs	48 hrs
Pradaxa® (dabigatran) <i>(Predominantly renal excretion. Assessment of renal function is essential)</i>	48 hrs GFR ≥60 mL/min 5 d GFR 30-59 mL/min GFR <30 mL/min=NOT ELIGIBLE FOR SCREENING COLONOSCOPY	1 d	48 hrs
Xarelto® (rivaroxaban)	48 hrs	1 d	48 hrs
Eliquis® (apixaban)	48 hrs	1 d	48 hrs
Antiplatelet agent			
Aspirin® (81 mg or 325 mg)	continue		N/A
Plavix® (clopidogrel)	5 d	1 d	1 d
Effient® (prasugrel)	5 d	1-2 d	1-2 d***
Brilinta® (ticagrelor)	5 d	1-2 d	1-2 d***
Aggrenox® (dipyridamole/ASA)	7-10 d (consider starting Aspirin bridge)	1 d	1 d
<p>GFR-glomerular filtration rate mL/min. In the absence of kidney damage, a GFR ≥60 mL/min/1.73sq.m is considered normal. Please see http://www.akdn.info/index.php for more information regarding GFR.</p> <p>*Restarting antithrombotics is dependent on endoscopic intervention performed during the procedure. When large polyps (≥1cm) have been removed with electrocautery, use caution if restarting NOACs – therapeutic anticoagulation occurs within a few hours of restarting the drug.</p> <p>**warfarin and LMWH bridging instructions for a screening-related colonoscopy can be found in the ACRCSP Antithrombotic Management document available on http://www.albertahealthservices.ca/9232.asp</p> <p>***Restarting prasugrel and ticagrelor should be approached cautiously after polypectomy; both drugs achieve full antiplatelet effect in 4 hours.</p>			