

Anticoagulant Bridging

Definition

 administering a short-acting anticoagulant (LMWH) during the interruption of a longer-acting med (usually Warfarin)

When to consider perioperative anticoagulant bridging

- What is the patient's bleeding risk?
- What is the patient's thromboembolic risk?
- Recommend speaking with the patient's primary care team prior to interruption of anticoagulation therapy

Timing of bridging

- Discontinue Warfarin 5 days before surgery
- Initiate LMWH (Lovenox) or UFH (Heparin) 2 days after stopping Warfarin
- Discontinue LMWH 24 hours before surgery
 - 1/2 life of most LMWH is 3-5 hours
- Discontinue UFH 4-5 hours before surgery
 - 1/2 life of UFH is 45 minutes
- Assess INR 2 days before surgery
 - consider giving 1-2 mg of Vitamin K if INR is > 1.5
- Resume post-op anticoagulation once adequate hemostasis is achieved
 - most surgeries resume anticoagulation therapy (LMWH/UFH <u>and</u> Warfarin) 24 hours post-op
- Discontinue LMWH/UFH once INR is therapeutic post-op

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