Anticoagulation 3rd Edition

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Asra Practice Advisory

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Interim update

While work contiunes on the full 4th Edition of this Practice Advisory, we are publishing the draft recommended time intervals before and after neuraxial block or catheter removal:

Recommended Time Intervals *Before* and *After* Neuraxial Block or Catheter Removal*

DRAFT

Drug	Time *before* puncture/catheter manipulation or removal	Time *after* puncture/catheter manipulation or removal
Dabigatran	5 days	6 hours
Apixaban	3 days	6 hours
Rivaroxaban	3 days	6 hours
Prasugrel	7-10 days	6 hours
Ticagrelor	5-7 days	6 hours

*Developed at 4th ASRA Practice Advisory for Regional Anesthesia in the Patient Receiving Antithrombotic or Thrombolytic Therapy

Draft recommended time intervals

Executive summary

Improvement in patient outcomes, including mortality, major morbidity, and patient-oriented outcomes, has been demonstrated with neuraxial techniques, particularly with epidural anesthesia and continued

epidural analgesia. A major component of the decreased morbidity and mortality is due to the attenuation of the hypercoagulable response and the associated reduction in the frequency of thromboembolism after neuraxial blockade. Although this beneficial effect of neuraxial techniques continues to be recognized, the effect is insufficient as the sole method of thromboprophylaxis. Consequently, anticoagulant, antiplatelet, and thrombolytic medications have been increasingly used in the prevention and treatment of thromboembolism. For example, the initial recommendations in 1986 by the American College of Chest Physicians (ACCP) stated that patients undergoing hip arthroplasty receive dextran, adjusted-dose standard heparin (approximately 3500 U every 8 hrs), warfarin (started 48 hrs postoperatively to achieve a prothrombin time [PT] 1.25–1.5 times baseline), or dextran plus intermittent pneumatic compression (IPC). Two decades later, these patients are still identified as among the highest risk for thromboembolism and receive prophylaxis with low-molecular weight heparin (LMWH), fondaparinux (2.5 mg started 6-24 hrs postoperatively) or warfarin (started before or after operation with a mean target international normalized ratio [INR] of 2.5). However, adjusted-dose heparin, dextran, and venous foot pumps are no longer recommended as sole methods of thromboprophylaxis, although IPC is considered appropriate for patients at a high risk for bleeding. Importantly, the duration of thromboprophylaxis is continued after hospital discharge for a total of 10 to 35 days.