

10. Patients Undergoing a Planned Surgical Intervention or Ablation

When to Stop the New Oral Anticoagulants?

About one-quarter of patients that are in need for anticoagulant therapy require temporary cessation within 2 years.^[24] Both patient characteristics (kidney function, age, history of bleeding complications, concomitant medication) and surgical factors should be taken into account on when to discontinue and restart the drug. Table 3 compiles this information for the different

NOAC. Also other societies have formulated advice on temporary cessation of NOAC therapy.^[25] Again, we recommend the development of an institutional guideline and a hospital-wide policy concerning post-operative anticoagulation management in different surgical settings that is widely communicated and readily available.



(Enlarge Image)

Table 3.

Last intake of drug before elective surgical intervention

Although common interventions with no clinically important bleeding risk (like some dental procedures or interventions for cataract or glaucoma) can be performed at trough concentration of the NOAC (i.e. 12 or 24 h after the last intake, depending on twice or once daily dosing), it may be more practical to have the intervention scheduled 18–24 h after the last intake, and then restart 6 h later, i.e. with skipping one dose for BID NOAC. For procedures with a minor bleeding risk, it is recommended to discontinue NOACs 24 h before the elective procedure in patients with a normal kidney function, and for procedures that carry a risk for major bleeding to take the last NOAC 48 h before. We have provided a table with classification of surgical interventions according to bleeding risk in the full document. For dabigatran, a more graded pre-intervention termination depending on kidney function has been proposed, both for low- and high-risk interventions, as indicated in Table 3. Although the aPTT and PT may provide a semi-quantitative assessment of dabigatran and FXa inhibitors, respectively (see 'How to measure the anticoagulant effect of new oral anticoagulants?'), a strategy that includes normalization of the aPTT or PT prior to elective/urgent interventions has not been validated.