Interventional Radiology: Pre-Procedural Management Guidelines

Table 4: Management Recommendations for Anticoagulation and Antiplatelet Medications[a]

	Suggested Holding and Reinitiation Times (holding includes dose on the day of the procedure)	
Medication: Generic name (**Brand name**)	**Category 1 Bleeding Risk Procedure**	**Category 2 Bleeding Risk Procedure (CrCl units: mL/min)**
Antiplatelets		
Aspirin	Do not hold	Hold 5 days Reinitiation: next day
Clopidogrel (**Plavix®**)	Do not hold	Hold 5 days Reinitiation: 6 hours for 75 mg dose, 24 hours for 300-600 mg dose
Ticagrelor (**Brilinta®**)	Do not hold	Hold 5 days Reinitiation: next day
ORAL Anticoagulants		
Apixaban (**Eliquis®**)	Do not hold	Hold 2 days (4 doses) if CrCl ≥ 50 Hold 3 days (6 doses) if CrCl < 50 Reinitiation: 24 hours
Dabigatran (**Pradaxa®**)	Do not hold	Hold 2 days (4 doses) if CrCl ≥ 50 Hold 3 days (6 doses) if CrCl < 50 Reinitiation: 24 hours
Edoxaban (**Lixiana®**)	Do not hold	Hold 2 days (2 doses) Reinitiation: 24 hours
Rivaroxaban (**Xarelto®**)	Do not hold	Hold 2 days (2 doses) if CrCl ≥ 30 Hold 3 days (3 doses) if CrCl < 30 Reinitiation: 24 hours
Warfarin (**Coumadin®**) Patients at high thrombosis risk of may require bridging with LMWH; consult internal medicine.	Target INR ≤ 3.0, i.e. do not hold if INR is therapeutic; hold if supratherapeutic (> 3.0) until target reached Reinitiation: N/A or same day	Hold 5 days with target INR ≤ 1.8 Reinitiation: next day
INJECTABLE Anticoagulants		
Fondaparinux (**Arixtra®**)	Do not hold	Hold 3 days (3 doses) if CrCl ≥ 50 Hold 5 days (5 doses) if CrCl < 50 Reinitiation: 24 hours
LMWH: dalteparin (**Fragmin®**)	Do not hold	Hold 1 dose (prophylactic or therapeutic) Reinitiation: 12 hours
LMWH: enoxaparin (**Lovenox®**)	Do not hold	Hold 1 day (1 dose if once daily dosing, 2 doses if twice daily dosing) Reinitiation: 12 hours
Unfractionated heparin	Do not hold	IV: hold 4 hours and check aPTT SC: hold 6 hours Reinitiation: 8 hours

[a] The above guidelines are intended for elective procedures, and assessment of bleeding risk and clotting risk must be individualized according to patient-specific factors. For emergent/urgent procedures, the interventional radiologist and referring physician/surgeon will weigh risks of procedural delay against potential bleeding risk. In patients unable to safely discontinue anticoagulation (e.g. recently implanted coronary or cerebrovascular stents), management may be modified and individualized. For complete list of medications, please refer to Reference 2.

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