

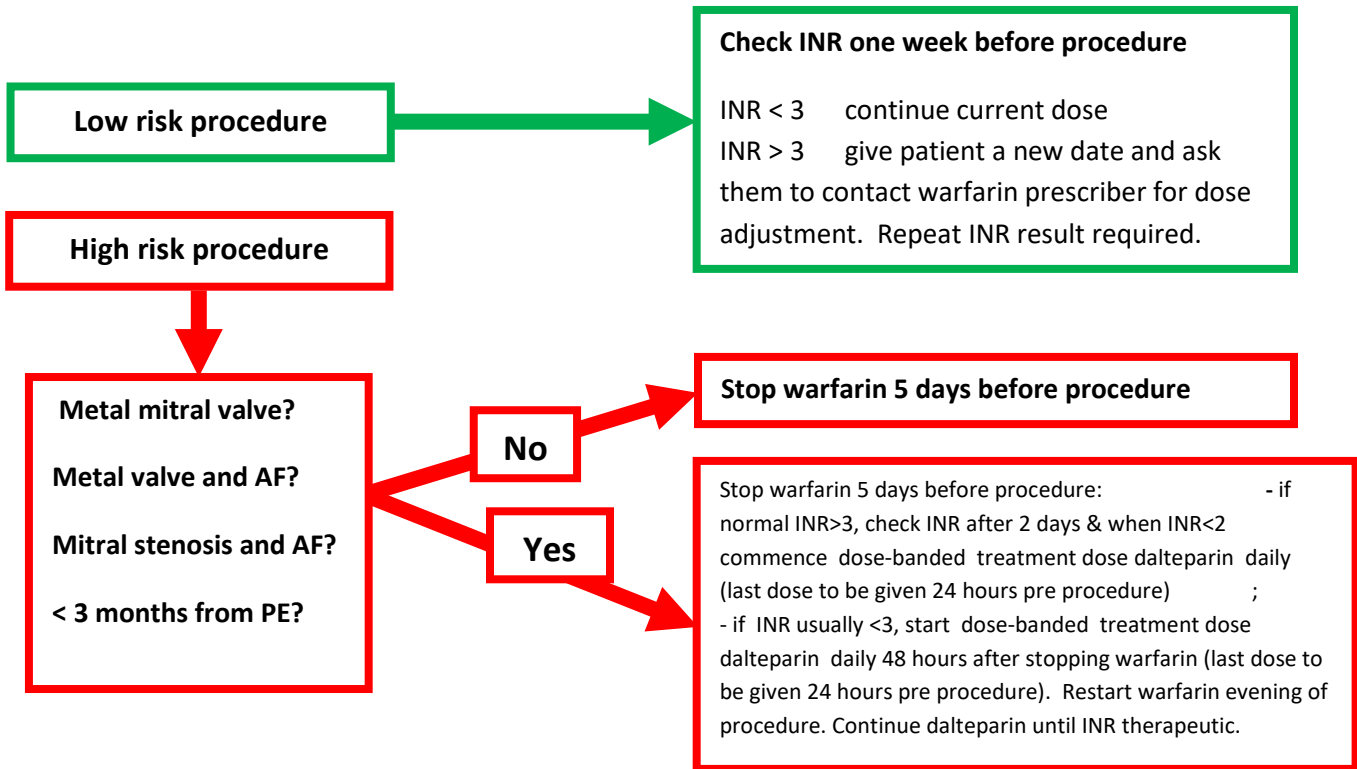


<b>Title</b>	Endoscopy Anticoagulation Guidance
<b>Document Type</b>	Clinical Guidance
<b>Version number</b>	V3
<b>Approval/Issue date</b>	August 2020
<b>Review dated</b>	August 2023
<b>Approved by</b>	NHS Borders Anticoagulation Committee
<b>Prepared by</b>	Dr Chris Evans and Dr Paul Neary
<b>Developed by</b>	Liz Leitch, Formulary Pharmacist
<b>Reviewed by</b>	NHS Borders Anticoagulation Committee
<b>Equality &amp; Diversity Impact Assessed</b>	Original issue guidance - February 2011

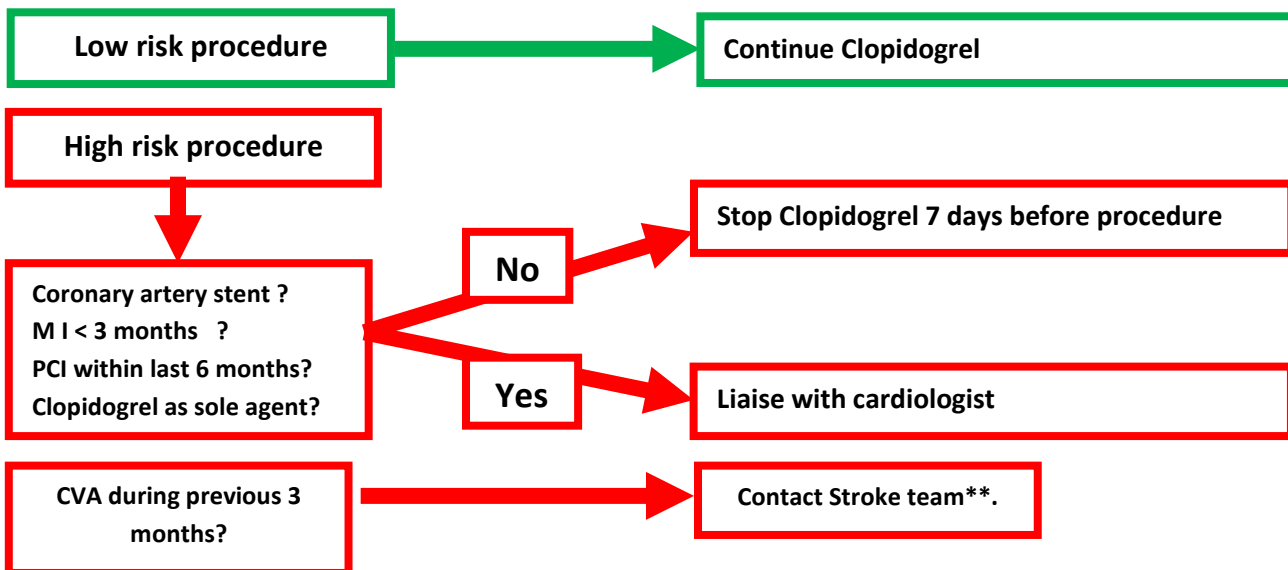
## Aspirin

- Aspirin can be continued for all endoscopic procedures

## Warfarin



## Clopidogrel (also Prasugrel , Ticagrelor)



### Low risk procedure

Diagnostic upper GI endoscopy including biopsy

Colonoscopy in age < 50

### High risk procedure

Colonoscopy in age > 50

Bowel screening colonoscopy ( 50% will need polypectomy )

Therapeutic endoscopy (e.g stents, dilatation, polypectomy)

Polypectomy

ERCP

### Notes

- Inpatient upper GI bleeding - discuss with medical staff
- Active bleeding with PMH of stroke – stop antiplatelets
- Dipyridamole should be stopped one week before test (patients on dipyridamole should be reviewed to change to clopidogrel)
- \*\* bleep stroke consultant of the week via switchboard (if urgent) or [stroke.referrals@borders.scot.nhs.uk](mailto:stroke.referrals@borders.scot.nhs.uk) (non-urgent)

### New Oral Anticoagulants.

These drugs do not require INR monitoring & because of short half life (the time taken for the body to clear them) they only need to be stopped for 24hours before the procedure. Therefore for a Wednesday morning UGI list, last dose taken Monday pm then omit Tuesday. Do not stop for low risk procedures.

Drugs affected are DABIGATRAN (Pradaxa), APIXABAN (Eliquis), RIVAROXABAN (Xarelto), and EDOXABAN (Lixiana).

Discuss high risk patients (eg very high CHADS2Vasc, recent CVA, PE/DVT) with appropriate specialist clinical team

Feb 2011 Reviewed September 2017, August 2020. Adapted from BSG guidance 2008