



## CLINICAL GUIDELINE

# Oral Anticoagulants and Joint/soft Tissue Injections

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This guideline is intended for use within both primary and secondary care for clinical practitioners who are appropriately trained in performing joint and soft tissue injections. It is applicable to patients aged over 18 who have been clinically assessed and deemed appropriate to have a joint or soft tissue injection and are prescribed an oral anticoagulant.

This guideline does not cover patients maintained on low molecular weight heparin and such cases should be discussed with the patient's consultant team.

Oral anticoagulants are used in a variety of conditions including venous thromboembolism, atrial fibrillation and heart valve replacements. Warfarin was the most commonly prescribed anticoagulant until the direct oral anticoagulants revolutionised treatment due to their regular dosing regime, fewer drug and food interactions, reduced bleeding risk and no requirement for INR monitoring.

Recent EULAR guidance<sup>1</sup> has been published to provide recommendations on managing patients who require a joint injection and take oral anticoagulants. In line with this, the following recommendations apply within NHS Greater Glasgow & Clyde for practitioners performing joint and soft tissue injections:

1. Caution should be exercised for patients requiring a joint injection and taking oral anticoagulants.
2. DOACs (apixaban, edoxaban, rivaroxaban and dabigatran) do not need to be withheld prior to the joint or soft tissue injection procedure unless the patient is deemed high risk of bleeding (see point 4).
3. Patients taking warfarin must have their INR measured on the day of the injection. It is the responsibility of the injecting clinician to assess this INR result before the injection is administered. The procedure can go ahead if the INR is  $\leq 3$ . If the INR is  $>3$  then do not proceed and defer the injection until INR  $\leq 3$ .
4. Patients taking oral anticoagulants would be deemed at high risk of bleeding if they have for example poor renal function (defined as  $eGFR < 30 \text{mls/min}$ ), previous history of haemarthrosis, known bleeding disorder or on concomitant antiplatelet therapy. This list is not exhaustive and caution should be exercised if any concerns over bleeding. These patients should be discussed with the patient's consultant rheumatologist or GP prior to joint or soft tissue injection.

Rheumatology MCN

NHS Greater Glasgow & Clyde

Guidance on Oral Anticoagulants and Joint/Soft Tissue Injections

### References

1. Uson J, Rodriguez-García SC, Castellanos-Moreira R, *et al.* EULAR recommendations for intra-articular therapies. *Annals of the Rheumatic Diseases*. 2021;**80**:1299-1305.

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