

# Anticoagulation & Endoscopy

ASGE 2003

	Anticipated Procedure	Thrombotic Risk	Action
<b>URGENT</b>	-GI bleed treatment	<b>Any</b>	Give FFP until INR 1.5-2.5
<b>ELECTIVE LOW RISK</b>	-EGD, Colon, Enterosc, EUS, ERCP w/o sphincterot, (+/- Stent/Bx)	<b>Any</b>	Proceed if INR is not Supratherapeutic
<b>ELECTIVE HIGH RISK</b>	-Polypectomy, dilation, FNA, Sphincterotomy, variceal treatment, PEG, Laser therapy	<b>Low</b> DVT, Bioprosthetic valve, Mech Ao valve, A fib w/o valv dz	-Discontinue Warfarin 3-5 d before. -Reinstitute after procedure
<b>ELECTIVE HIGH RISK</b>	-Polypectomy, dilation, FNA, Sphincterotomy, variceal treatment, PEG, Laser therapy	<b>HIGH</b> A.Fib w valv dz, Mech Mitral valve, Mech valv w prev thromboemb	-Discont 3-5 d before, -IV heparin while subtherap -D/C heparin 4-6 h before; restart 2-6 h after -Restart Warfarin

# Low Molecular Weight Heparin and Non-Aspirin Antiplatelet Agents ASGE 2005

<b>DRUG</b>	<b>PROCEDURE</b>	<b>ACTION</b>
Lovenox, Normiflo, Fragmin, Innohep	<b>Polypectomy, Sphincterotomy, Dilation, FNA, Variceal Rp, Ablation</b>	Discontinue at least 8 hours before
Lovenox, Normiflo, Fragmin, Innohep	<b>Forceps Bx, Stent without cut, Diagnostic endoscopy</b>	No change in Therapy
Plavix Ticlid	<b>Polypectomy, Sphincterotomy, Dilation, FNA, Variceal Rp, Ablation</b>	Discontinue 7-10 days before
Plavix Ticlid	<b>Forceps Bx, Stent without cut, Diagnostic endoscopy</b>	No change in Therapy