

Management of Periprocedural Anticoagulation (DOACs)

	Bleeding Risk		High			Intermediate			Low			Minor			Other considerations
	Thrombotic Risk		Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	
Direct Factor Xa Inhibitors															
apixaban (Eliquis)	Days to stop apixaban prior to procedure Risk factors Age ≥ 80 yr Weight ≤ 60 kg Cr ≥ 1.5 mg/dL	≤ 1 risk factor	2 days	4 days	2 days	4 days	1 day	2 days	continue apixaban	consider holding 1 day prior if high bleeding concern	Bridging: not indicated Resuming Anticoagulation; Following the procedure, anticoagulation should be resumed as soon as safe based on hemostasis and bleeding risk, at least 24-48 hours postoperatively. Labs: If high bleeding risk, consider checking an anti-Xa level (apixaban, betrixaban, edoxaban, rivaroxaban) or PT (apixaban, rivaroxaban) the morning of procedure to assess anticoagulant effect.				
		2 risk factors	3 days												
		3 risk factors	4 days												
betrixaban (Bevyxxa)	Days to stop betrixaban prior to procedure	At least 4 days						continue betrixaban	consider holding 3 days prior if high bleeding concern						
edoxaban (Savaysa)	Days to stop edoxaban prior to procedure	CrCl 50-95	2 days	3 days	2 days	3 days	1 day	2 days	continue edoxaban	consider holding 1 day prior if high bleeding concern					
		CrCl 30-49	3 days	4 days	3 days	4 days	2 days	3 days		consider holding 2 days prior if high bleeding concern					
		CrCl 15-29	4 days												
rivaroxaban (Xarelto)	Days to stop rivaroxaban prior to procedure	CrCl ≥ 50	2 days	3 days	2 days	3 days	1 day	2 days	continue rivaroxaban	consider holding 1 day prior if high bleeding concern					
		CrCl 30-49	3 days	4 days	3 days	4 days	2 days	3 days		consider holding 2 days prior if high bleeding concern					
		CrCl 15-29	4 days												

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Other therapeutic considerations		<p>Consider addition of tranexamic acid or aminocaproic acid mouthwash for dental procedures.</p> <p>Tranexamic acid dosing for dental procedures: Oral rinse, 4.8% solution. Hold 10 mL in mouth and rinse for 2 minutes, then spit out. First dose 10 minutes prior to procedure.</p> <p>Repeat 4 times daily (~every 6 hours) for 2 days after procedure. Patient should not eat or drink for 1 hour after using oral rinse (Carter, 2003).</p>
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Table continues on next page with Direct Thrombin (Factor IIa) Inhibitors

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	Bleeding Risk			High			Intermediate			Low			Minor			Other considerations	
	Thrombotic Risk			Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low	Ultra-High, High	Inter-mediate	Low		
Direct Thrombin (Factor IIa) Inhibitors																	
dabigatran (Pradaxa)	Days to stop dabigatran prior to procedure	CrCl ≥ 80	4 days			2 days	4 days	1.5 days	2 days	continue dabigatran			consider holding 1 day prior if high bleeding concern			consider holding 2 days prior if high bleeding concern	Bridging: not indicated Resuming Anticoagulation: Following the procedure, anticoagulation should be resumed as soon as safe based on hemostasis and bleeding risk, at least 24-48 hours postoperatively. Labs: If high bleeding risk, consider checking dabigatran level, thrombin time or aPTT the morning of procedure to assess anticoagulation effect.
		CrCl 150-79				3 days		2 days									
		CrCl 130-49	5 days	6 days	4 days	5 days	3 days	4 days									
		CrCl 115-29		7 days	5 days	7 days	4 days	5 days									
Other therapeutic considerations										Consider addition of tranexamic acid or aminocaproic acid mouthwash for dental procedures. Tranexamic acid dosing for dental procedures: Oral rinse, 4.8% solution. Hold 10 mL in mouth and rinse for 2 minutes, then spit out. First dose 10 minutes prior to procedure. Repeat 4 times daily (~every 6 hours) for 2 days after procedure. Patient should not eat or drink for 1 hour after using oral rinse (Carter, 2003).							