

Fractured Neck Of Femur patients on Antiplatelets or Anticoagulants

The AAGBI have produced useful guidelines for regional anaesthesia in patients with abnormalities of coagulation that gives advice about when it would be considered safe to proceed with a spinal anaesthetic.

For many, general anaesthesia is an acceptable alternative and surgery should proceed when the surgical bleeding risk is felt to be acceptable.

For some, the risks of spinal bleeds may be (considerably) less than the risk of general anaesthesia. The AAGBI guidelines recognise this balancing of risks and benefits.

The risks of delaying surgery (1% risk of 30 day mortality/6 hour preoperative delay) usually greatly outweigh the risks of delay and/or of perioperative bleeding.

The INR is uninterpretable in the context of NOACS.

Drug	Elimination Half-life	Management	Acceptable to proceed with spinal
Warfarin	4-5 days	5mgs vitamin K intravenously and repeat INR after four hours. This can be repeated or consider Beriplex for immediate reversal	If INR<1.5
Clopidogrel	Irreversible effect on platelets	Proceed with surgery with General Anaesthetic Monitor for blood loss Consider platelet transfusion if concerns regarding bleeding	<ul style="list-style-type: none"> • after 7 days • after platelets • if benefit > risks
Unfractionated iv heparin	1-2 hours	Stop iv heparin 2-4 hours pre-op	4 hours
Low molecular weight heparin sub-cutaneous prophylactic dose	3-7 hours	Last dose 12 hours pre-op	12 hours
Low molecular weight heparin sub-cutaneous Treatment dose	3-7 hours	Last dose 12-24 hours pre-op. Monitor for blood loss	24 hours
Ticagrelor	8-12 hours	Proceed with surgery with General Anaesthetic Monitor for blood loss Consider platelet transfusion if concerns regarding bleeding	5 days or post platelet transfusion at least six hours post last dose
Aspirin	Irreversible effect on platelets	Proceed with surgery	Continue
Rivaroxiban	7-10 hours	May be partially reversed with Beriplex Consider surgery 18-24 hours after last dose Review renal function	18-48 hours
Dabigatran	12-24 hours	Consider surgery 24-48 hours after last dose Review renal function Consider Pradaxibind for immediate reversal	48-96 hours or after Pradaxibind

Apixiban	12 hour	Consider surgery 12-18 hours after last dose	24-48 hours
Edoxaban	12 hour	Consider surgery 12-18 hours after last dose	24-48 hours

