

Bridging for HIGH RISK mechanical heart valves prior to elective surgery (Read with mechanical heart valve bridging guidance.)

		Day- 6	Day- 5	Day -4	Day- 3	Day -2	Day- 1	Day 0 surgery	Day + 1	Day +2	Day +3
Check INR		✗	✗	✓	✗	✗	✗	✓ Before surgery			✓ If in range stop all other anticoagulants
Warfarin 1800 hrs		Usual dose	OMIT	OMIT	OMIT	OMIT	OMIT	Usual dose (no loading) 6 hours after surgery if 1. Low bleeding risk-discuss with surgeon/anaesthetist. 2. No epidural/regional catheter present.			
Enoxaparin 1mg/kg up to weight 150kg and creatinine clearance \geq 30mls.	08:00	OMIT	OMIT	OMIT	GIVE *	GIVE	GIVE	OMIT	OMIT	GIVE * Unless on UFH	Give* Unless on UFH
	18:00	OMIT	OMIT	GIVE*	GIVE*	GIVE	OMIT But admit for UFH**	OMIT	OMIT	GIVE* Unless on UFH	Give * Stop if INR in range
Unfractionated heparin infusion (UFH)								Start 6-8 hours post op***	Continue infusion until INR in therapeutic range for valve if <u>NOT</u> on Enoxaparin bd.		

* GIVE if INR<2.5 complex or old AVR INR<3.0 mitral valve replacement (MVR)

NB: if your patient weighs more than 150kg or their creatinine clearance <30ml they will need to be admitted for unfractionated heparin before surgery once their INR falls below their therapeutic range, usually day -4 before surgery.

** Start UFH infusion, target APTT(R) as per INR. Stop 4-6 hours before surgery and check APTT(R) just before surgery.

*** Restart UFH infusion after surgery (see separate infusion guidance).

INSITU EPIDURAL/REGIONAL CATHETER OR LUMBAR DRAIN- Do not give warfarin while catheter in situ (Read Adult Epidural Infusion policy [BSUH C040 on Microguide](#))