



Interrupting blood thinning or anti-platelet drugs for a procedure or operation

This leaflet is for people who are taking a blood thinning drug or anti-platelet drug who need to stop this temporarily in order to have a procedure or operation. It is designed to provide information about the risks of interrupting the blood thinner or anti-platelet drug and a place for you or a healthcare professional to write down the plan for your medication.

What are blood thinning drugs (anticoagulants) and antiplatelet drugs?

- **Blood thinning drugs**, also known as **anticoagulants**, such as the tablets warfarin, apixaban, rivaroxaban, edoxaban or dabigatran or the injections tinzaparin, enoxaparin or dalteparin are commonly used medications for reducing the risk of stroke in patients with atrial fibrillation (an irregular heart beat), or patients with artificial heart valves, or for reducing the risk of venous thrombosis (blood clots in the veins).
- **Antiplatelet tablets** such as aspirin, dipyridole, clopidogrel, ticagrelor and prasugrel are commonly used medications for reducing the risk of stroke or heart attack, particularly for patients who have had a stroke or heart attack in the past, or have coronary stents.

If you are taking one or more of these medications and you are planning to have surgery or some types of anaesthetic, you will need to interrupt the anticoagulant treatment to allow the procedure to take place without a high risk of bleeding.

Risks of interrupting anticoagulants for patients with atrial fibrillation (AF)

For patients with atrial fibrillation the main risk of interrupting the blood thinner is of having a stroke, where a blood clot forms in the heart and travels to the brain. In previous studies for every 1000 patients who interrupt their anticoagulants, 2 to 4 have had a stroke or similar condition where a blood clot forms in the heart and travels to the brain or other part of the body. This is a relatively small risk, but a stroke is a serious complication. Patients who have several factors that increase risk of stroke such as high blood pressure, diabetes and having had a stroke before may be at higher risk.

Risks of interrupting anticoagulants for patients at risk of venous thrombosis

For patients who take anticoagulants to prevent a venous thrombosis (blood clot), the risk of having a thrombosis will vary between patients depending on their individual circumstances and the type of surgery. In previous studies, for every 100 patients who interrupted their anticoagulants, between 1 and 2 patients developed a venous thrombosis in the 3 months after the operation.

Risks for patients taking antiplatelet drugs to reduce the risk of a heart attack

For patients taking antiplatelet drugs to reduce the risk of having a heart attack there is a small risk of having a heart attack during or after the operation. The risk will vary depending on the patient and the type of procedure or operation. To give an example, in large studies of people who had coronary stents more than a year ago, the risk of having a heart attack during or after the operation was about 1 to 2 out of every 100 people.

Risks for patients taking antiplatelet drugs to reduce the risk of a stroke

For patients who take an antiplatelet drug to reduce the risk of having another stroke or transient ischaemic attack (TIA or “mini-stroke”), the risk of having a stroke during or after the operation will vary depending on the type of procedure or operation and the length of time that has elapsed since the previous stroke. To give an example, in a large study of people who had had a stroke more than 6 months before having surgery the risk of having a stroke during or after the operation was 1 to 2 out of every 100 people with the greatest risk being when an operation was carried out within 3 months of having had a stroke.

Plan for your anticoagulant or antiplatelet drug before and after the procedure or operation

- At your pre-op assessment appointment, or when you are seen in clinic before the procedure, you will receive advice about whether and when you need to stop your antiplatelet or anticoagulant drug. Some patients may need to replace their normal anticoagulant treatment with heparin injections, in which case we will supply you with these and make a plan with you about who will inject them, which days they are needed and the safe disposal of the needles. You should not have an injection on the morning of the procedure or operation itself, but please do bring your injections with you.
- If you take warfarin, please inform your anticoagulant team about your upcoming surgery. Please update them on any warfarin instructions you have been given by the pre-op assessment team or your consultant. It is usually necessary to check the INR just before the operation (on the day or the day before for example).
- After your procedure or operation the team who did the operation or doctors looking after you on the ward will tell when you can restart your anticoagulant or antiplatelet drug.
- On discharge from the ward, if you are on warfarin, please contact the Anticoagulant Clinic and they will discuss your next INR test date with you.

Your plan

This tables overleaf are provided so you or your healthcare professional can write down the plan for your anticoagulant / antiplatelet before and after your operation. It is important you understand the plan about your medication and are able to follow it to reduce the risks of bleeding or having a stroke or blood clot in the veins. The plan may need to be adjusted, for example if there are concerns about the risks of bleeding at the time of the operation.

7 days before your operation	Date:
6 days before your operation	Date:
5 days before your operation	Date:
4 days before your operation	Date:
3 days before your operation	Date:
2 days before your operation	Date:
1 day before your operation	Date:
Do not take Have an injection of Inhixa at 8am only	
Day of your operation	Date:
Do not take DO NOT have an Inhixa injection on the morning of your operation	
1 day after your operation	Date:
2 days after your operation	Date:
3 days after your operation	Date:

Where can I find out more information?

If you require more information regarding interrupting your anticoagulant or antiplatelet medication, please speak to the team who are arranging the procedure

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Stephen Booth / Caroline Macrow, RBFT General Surgery, July 2026. Next review due: July 2028.