Indicazioni per la sospensione dei NAO per interventi chirurgici:

2018 EHRA Practical Guide on NOACs in AF **1361**

Day -4
Day -3
Day -2
Day -1
Day of surgery
Day +1
Day +2

Minor bleeding risk
Dabi
Apix
Edo / Riva (AM intake)
Edo / Riva (PM intake)
No bridging
Restart ≥ 6h post surgery

Low bleeding risk
Dabi
(if CrCl ≥ 30)
(if CrCl ≥ 50)
(if CrCl ≥ 80)
Apix
Edo / Riva (AM intake)
Edo / Riva (PM intake)
No bridging

High bleeding risk
Dabi
(if CrCl ≥ 30)
(if CrCl ≥ 50)
(if CrCl ≥ 80)
Apix
Edo / Riva (AM intake)
Edo / Riva (PM intake)
No bridging (heparin / LMWH)
Consider plasma level measurements (in special situations *)
No bridging
Consider postoperative thrombo-prophylaxis per hospital protocol
Restart ≥ 48h (-72h) post surgery

Fonte: 2018 EHRA Practical Guide on NOACs in AF - J. Steffel et al. (European Heart Journal (2018) 39, 1330–1393)

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Indicazioni per la sospensione dei NAO per interventi chirurgici:

Il chirurgo/anestesista/dentista deve:

1. Far controllare esami ematochimici con funzione renale (creatinina) e calcolare eGFR secondo Cockcroft – Gault (massimo 30 giorni prima dell'intervento).
2. Stimare il rischio di sanguinamento dell'intervento che si deve eseguire.

Classification of elective surgical interventions according to bleeding risk:
Interventions with minor bleeding risk
Dental interventions
Extraction of 1–3 teeth
Paradontal surgery
Incision of abscess
Implant positioning
Cataract or glaucoma intervention
Endoscopy without biopsy or resection
Superficial surgery (e.g. abscess incision; small dermatologic excisions; . . .)
Interventions with low bleeding risk (i.e. infrequent or with lowclinical impact)
Endoscopy with biopsy
Prostate or bladder biopsy
Electrophysiological study or catheter ablation (except complex procedures, see below)
Non-coronary angiography (for coronary angiography and ACS: see Patients undergoing a planned invasive procedure, surgery or ablation section)
Pacemaker or ICD implantation (unless complex anatomical setting, e.g. congenital heart disease)
Interventions with high bleeding risk (i.e. frequent and/or with high impact)
Complex endoscopy (e.g. polypectomy, ERCP with sphincterotomy etc.)
Spinal or epidural anaesthesia; lumbar diagnostic puncture
Thoracic surgery
Abdominal surgery
Major orthopaedic surgery
Liver biopsy
Transurethral prostate resection
Kidney biopsy
Extracorporeal shockwave lithotripsy (ESWL)
Interventions with high bleeding risk AND increased thromboembolic risk
Complex left-sided ablation (pulmonary vein isolation; some VT ablations)

3. Sospendere il farmaco seguendo le indicazioni riportate nella tabella a pagina 1 e porre indicazione alla ripresa della terapia sulla base del decorso post-operatorio.
   NB: per gli interventi a minimo e basso rischio di sanguinamento NON è MAI indicato il bridge con eparine (nemmeno a basso peso molecolare).

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