Case Studies

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Dear Anticoagulation Specialist...

This gentleman is taking long-term anticoagulation and will be going for surgery. Please see him and advise us on the peri-procedure management of his anticoagulation.

Thank you.
Dear Anticoagulation Specialist..

This gentleman who is on long term anticoagulation for idiopathic but recurrent venous thrombosis with the last event being 2 years ago. He is now scheduled for left inguinal hernia surgery. Kindly assess him for bridging and advise perioperative management.

Thank you.
The Bridging Decision Pathway

Is there a need to stop anticoagulation?

No

Reassure surgeon

Yes

Is there a need to bridge?

No

Just stop

Yes

Procedure

When do I stop?

No

What anticoagulant is patient on?

Yes

What is the thrombotic risk?

- What is the indication?
- When was the last thrombotic event?

What should he/she be bridged with?

When do we start?
What dose do we use?
When do we stop?

What is the bleeding risk?

What is the thrombotic risk?
Can he eat?
What is the indication?
What is the procedure?
- What is the bleeding risk?
- What are the consequences of bleeding
- Is the surgeon any good?

When do we re-start?

What is the thrombotic risk?

What agent and dose do we use?
Dear Anticoagulation specialist....

This lady is receiving long term anticoagulation therapy for mitral valve replacement due to chronic rheumatic heart disease. We have scheduled her for an elective laparoscopic cholecystectomy. Kindly advise on the perioperative management of her anticoagulation therapy.

Thank you.
The Bridging Decision Pathway

Is there a need to stop anticoagulation?

No

Reassure surgeon

Yes

Is there a need to bridge?

No

Just stop

Yes

Procedure

What is the procedure?
- What is the bleeding risk?
- What are the consequences of bleeding
- Is the surgeon any good?

When do I stop?
- What anticoagulant is patient on?

What is the thrombotic risk?
- What is the indication?
- When was the last thrombotic event?

What should he/she be bridged with?
When do we start?
What dose do we use?
When do we stop?

What is the bleeding risk?
What is the thrombotic risk?
Can he eat?
What agent and dose do we use?
Case study Mdm T

• Female, 70
• Chronic atrial fibrillation with CHA$_2$DS$_2$VASc of 6
• Hypertension, diabetes mellitus, previous TIA
• Current medications – atenolol, metformin, warfarin
‘My daughter has bought this supplement for me. She says it is very good. Will make me feel younger. But not cheap... Can I take it?’
• Should we say ‘no’ to her?
• Can we say yes?
Case study 2 – Mr K

• Male, 60

• Mechanical mitral valve replacement for chronic rheumatic heart disease, on long-term anticoagulation with warfarin

• Admitted for community acquired pneumonia

• During morning rounds, after reviewing x-ray, consultant says

‘Start him on a macrolide...’
Case study 3 – Mr S

• Male, 59
• Recurrent proximal deep vein thrombosis of the left lower limb, on long term warfarin
• Admitted now for cough and weight loss
• Sputum AFB positive - pulmonary TB
• Commencing anti-TB with rifampicin, isoniazid, pyrazinamide and ethambutol
Dear colleague,

Please be informed that this gentleman has recently been diagnosed with PTB and has been started on EHRZ – will be on it for at least 6 months.

Thank you for managing his anticoagulation therapy and good luck!
• Isoniazid – potentiates warfarin effect
• Rifampicin – inhibits warfarin effect

• Should we pre-emptively adjust the dose?