

Anticoagulants for Anaesthetists... 2015 Update

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The uncertainties of management of emergency surgery or acute bleeding in patients taking NOACs (non-vitamin K oral anticoagulants) are finally becoming clearer. Whereas we previously have debated the use of various prohaemostatic agents, now direct reversal strategies are in phase III clinical trials. The front runner is idarucizumab which is a monoclonal antibody that directly binds irreversibly to dabigatran. A large number of New Zealand patients have been included in the recently published initial results and the local clinical experience of use of this agent is positive. Andexanet is a decoy factor X molecule which aims to reverse all Xa inhibitors, both direct and indirect. Phase III data was recently presented in abstract form. In the meantime for Xa inhibitor patients (such as rivaroxaban) we continue to recommend standard measures and possibly prothrombinex, acknowledging the limited data available.

Finally in elective surgery, the use of bridging strategies for those taking warfarin will be discussed. A clinical trial comparing no bridging versus bridging with low molecular weight heparin in warfarinised patients with intermediate to high risk AF was published last month and did not show any reduction in stroke, at the expense of increased bleeding complications, with dalteparin. A simplified elective surgical algorithm recently developed for Auckland City Hospital will be presented.