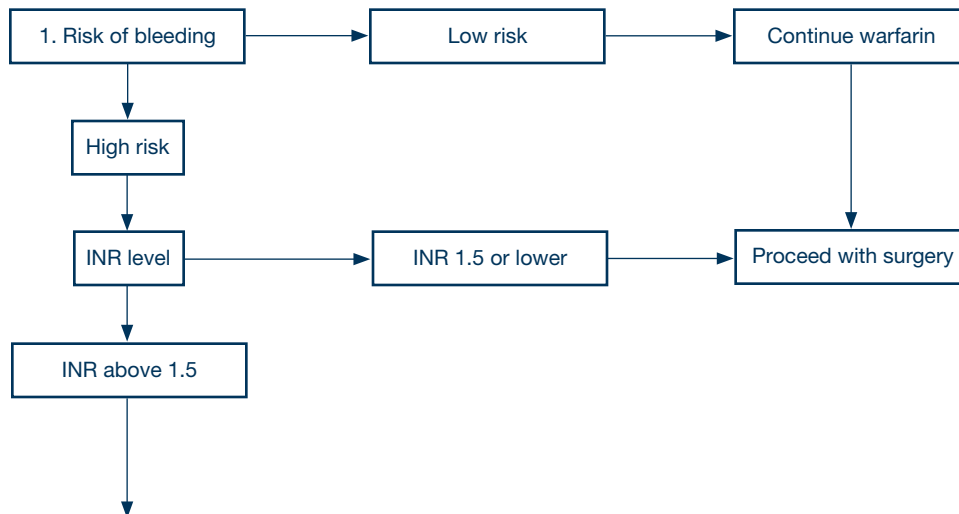


Appendix A: Management of Warfarin Therapy During Invasive Procedures and Surgery for a Desired Reversal INR of 1.5 or Lower (review sections 1, 2, 3 in text)



Intervention	2. Timing of Surgery			
	Elective	Urgent > 24hrs	Urgent 6-24hrs	Urgent < 6hrs
• Discontinue Warfarin	5 days before surgery. Last dose day -6	Immediately	Immediately	Immediately
• LMWH	+/- see below 3. Thrombosis risk	+/- see below 3. Thrombosis risk	NO	NO
• Vitamin K	NO	PO or IV	IV	IV
• Octaplex	NO	NO	NO	Preferred over FP
• Frozen Plasma (FP)	NO	NO	NO	If Octaplex not available or contraindicated
• Recheck INR	24hrs before surgery	In 12 hrs after vit K	In 12 hrs after Vitamin K	After FP or Octaplex
• INR above 1.5	Recheck in 24hrs. Postpone procedure if necessary	Repeat Vitamin K	Repeat Vitamin K. Consider Octaplex or FP if surgery now < 6 hrs	Repeat Vitamin K. Consider Octaplex or FP if surgery now < 6 hrs

	3. Risk of Thrombosis	
	Low Risk	High Risk
• Preoperative	Proceed to surgery when INR 1.5 or less	Elective – start therapeutic dose of LMWH on day -3 Discontinue at least 24 hrs before surgery
• Postoperative	Restart Warfarin at pre-operative dose as soon as hemostasis assured and after epidural catheter is removed post surgery.	
		Start LMWH 12-24hrs after surgery as soon as hemostasis assured and at least 2 hours after epidural catheter removal
		Stop LMWH when INR in therapeutic range for 2 consecutive days