

## Ramathibodi Surgical Guideline management of anti-platelets/anti-coagulants before and after endoscopy procedure

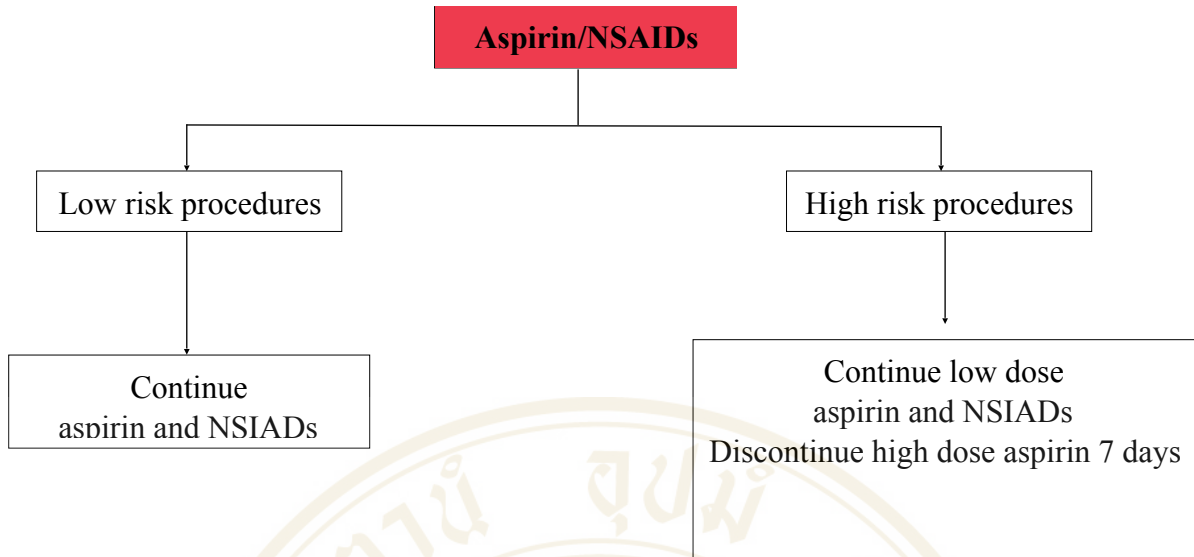
### Procedure Risk

Low risk procedure	High risk procedure	Ultra-high risk procedure
<ul style="list-style-type: none"> <li>- <b>Diagnostic</b> : EGD, colonoscopy, flexible sigmoidoscopy including tissue biopsy, balloon-assisted enteroscopy, capsule endoscopy, mini probe EUS</li> <li>- <b>Therapeutic</b> : Esophageal, duodenal, colorectal stenting, Argon plasma coagulation (APC) and Barette's ablation</li> </ul>	<ul style="list-style-type: none"> <li>- Polypectomy upper and lower GI tract</li> <li>- Esophageal varices banding</li> <li>- PEG,PEJ placement</li> <li>- Endoscopic homeostasis (UGIB, LGIB)</li> <li>- Pneumatic, Hegar's esophageal dilatation</li> <li>- Single incision needle knife (SINK) biopsy</li> <li>- Endoscopic mucosal resection (EMR) size <math>\leq</math> 2 cm</li> </ul>	<ul style="list-style-type: none"> <li>- Peroral endoscopic myotomy (POEM)</li> <li>- Endoscopic submucosal dissection (ESD)</li> <li>- Endoscopic mucosal resection (EMR) polyp size <math>&gt;</math> 2 cm</li> </ul>

### Cardiovascular Risk

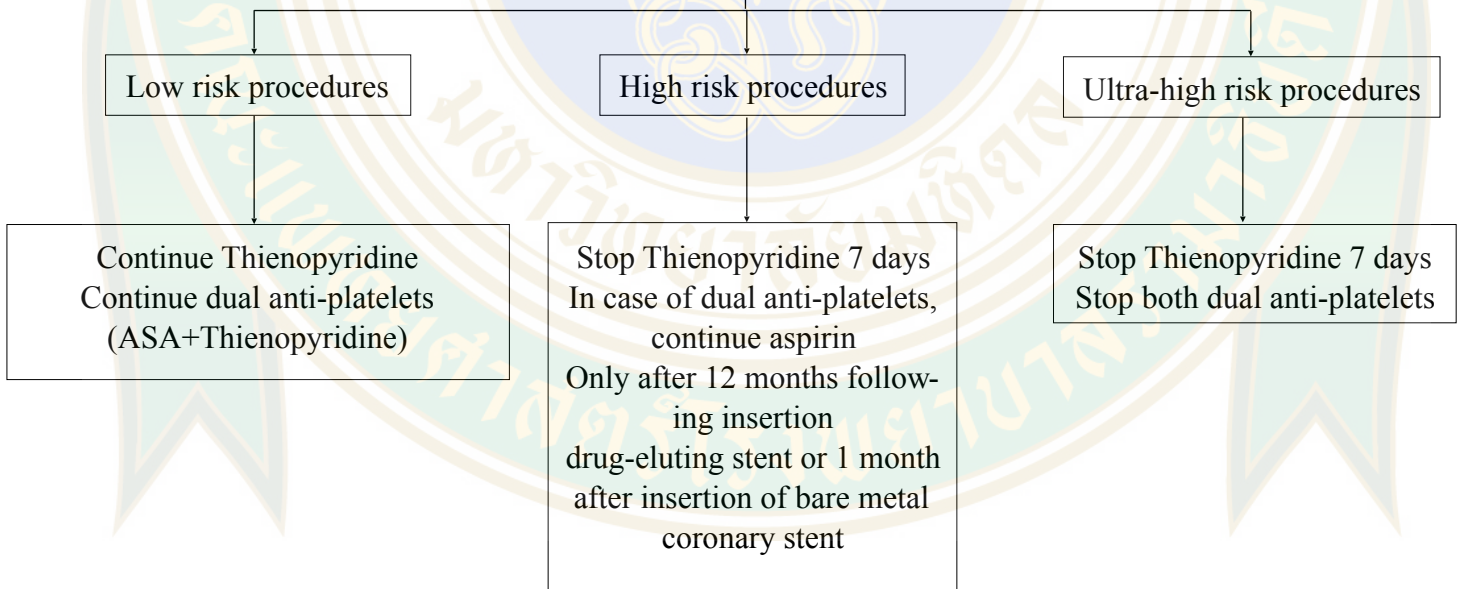
Low cardiovascular risk	High cardiovascular risk
<ul style="list-style-type: none"> <li>- <b>Anti-platelets</b> : IHD without coronary stent, acute coronary syndrome or percutaneous coronary intervention (PCI) <math>&gt;</math> 6 months ago, stable coronary disease, cerebrovascular disease, peripheral vascular disease</li> <li>- <b>Anti-coagulants</b> : Aortic valve prosthesis without atrial fibrillation, atrial fibrillation without valvular disease, venousthromboembolism <math>&gt;</math> 3 months</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Anti-platelets</b> : drug-eluting coronary stent within 12 months, bare metal coronary stent within 1 month,</li> <li>- <b>Anti-coagulants</b> : prosthesis mitral valve, prosthesis any valve with atrial fibrillation, atrial fibrillation and mitral stenosis, venousthromboembolism <math>&lt;</math> 3 months, non-valvular atrial fibrillation,</li> </ul>

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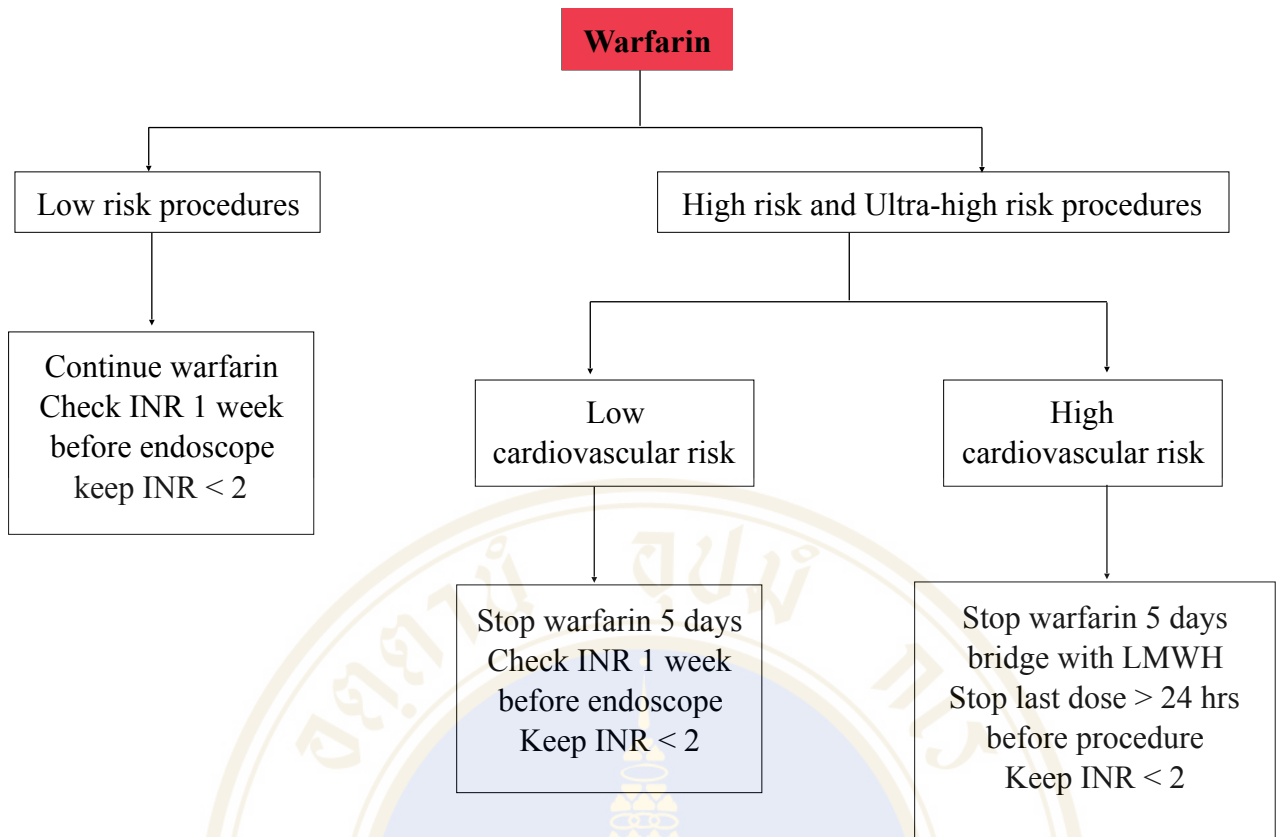


\*Resume as soon as hemostasis is confirmed or up to 48 hours after procedure

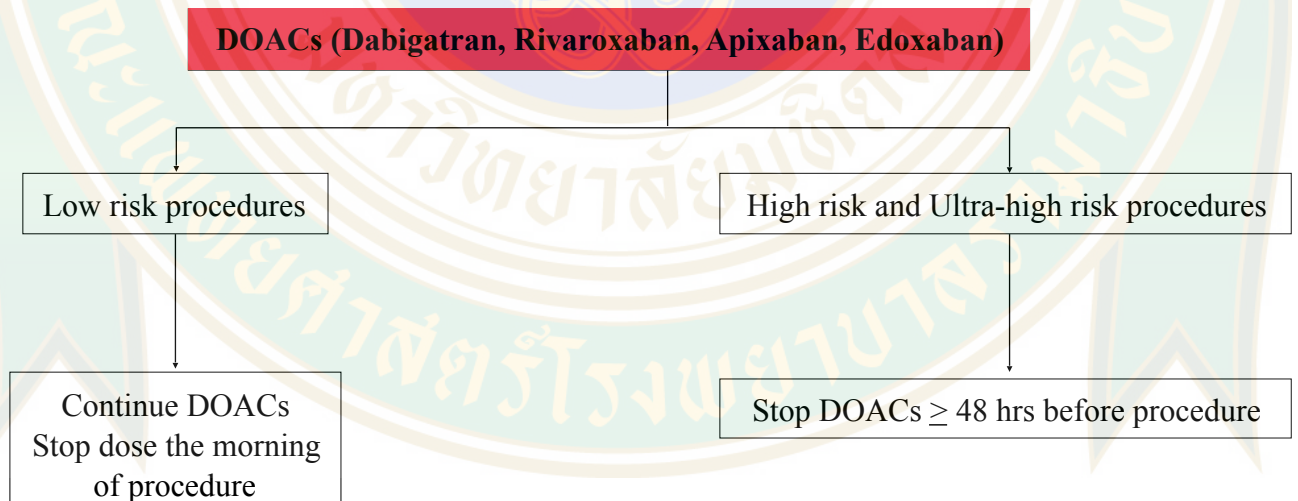
### Thienopyridines(Clopidogrel, prasugrel, ticlopidine, ticagrelor)



\*Resume as soon as hemostasis is confirmed or up to 48 hours after procedure



\*Resume as soon as hemostasis is confirmed or up to 24-48 hours after procedure (consider longer if high risk and ultra-high risk procedures)



\*Resume as soon as hemostasis is confirmed or on the morning after procedures

ตารางหยุดยา สำหรับคนไข้ส่องกล้องที่รับประทานยาต้านการแข็งตัวของเลือด/ยาด้านเกร็ดเลือด

Anti-coagulant / Anti-thrombosis :

Patient Name :

Age :

HN :

วันหยุดยา	วัน/เดือน/ปี	ข้อปฏิบัติ
-7		
-6		
-5		
-4		
-3		
-2		
-1		
วันส่องกล้อง		
เริ่มกินยา		

## Reference

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3. Fujimoto K., et al. Dig Endosc. 2014
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