

MSK Radiology Anticoagulation Guidance

Low Risk Procedures:

- Peripheral Joint Injection / Aspiration (Hand, Wrist, Elbow, Foot and Ankle)
- Shoulder Subacromial bursal Injection
- All tendon Dry Needling / Injection of Common Extensor Origin / Gluteal / Plantar Fascia

Anticoagulation Management for Low Risk Procedures:

- No action necessary. Patient to continue medication as normal.

Intermediate Risk Procedures:

- Hip and Knee Joint Injection
- Shoulder joint Injection / Hydrodistention
- Arthrogram

Anticoagulation Management for Intermediate Risk Procedures:

- Low dose Aspirin – continue

All other anticoagulants should be stopped as follows:

- Clopidogrel: stop for 7 days
- Warfarin: Review at warfarin clinic prior to stopping for 7 days. INR check within 24 hours of procedure – target <1.5
- Subcutaneous heparin – stop for 8 hours
- Low Molecular Weight Heparin: 12 hrs if prophylactic, 24 hours if therapeutic
- Unfractionated heparin: Stop infusion 4 hours before procedure. Goal: PT ≤ 50s
- Dabigatran: stop for 3 days
- Rivaroxaban: stop for 2 days
- Apixaban: stop for 2 days
- Fondaparinux: stop for 2 days