



My Bridging Plan

Anticoagulation management before and after my upcoming medical procedure.

A patient's guide

Thrombosis Service



UNIVERSITY OF UTAH
HEALTH CARE

What is bridging therapy?

Bridging therapy, also known as bridging anticoagulation, is when warfarin is temporarily stopped and blood is thinned with an injectable anticoagulant medicine (a shot), before and/or after a medical procedure.

For some procedures or surgeries, you may be asked to temporarily stop taking warfarin because of an increased risk of bleeding. Warfarin lasts a long time in the body so it is usually stopped five days before a procedure to decrease the risk of bleeding during the procedure.

After you stop taking warfarin, you may be given a different, shorter-acting medicine to protect against blood clots. This is called bridging. These short-acting blood thinners (also called anticoagulants) come in the form of a shot and can be injected once or twice a day. Because they are short-acting, the medicine in the shots should be out of your system before your procedure.

After the procedure, you will take warfarin again when instructed. It will take about five days for warfarin to protect you once you start taking it again. Because of this, you may be asked to continue taking anticoagulant shots for a few days. The medicine in the shots works quickly and can help prevent blood clots from forming until you've been taking warfarin long enough for it to protect you.

Using short-acting blood thinners around the time of a procedure (bridging) may decrease the risk of blood clots forming but it can also increase the risk of bleeding. Depending on the risk of blood clots and the risk of bleeding, bridging is not right for everyone.

Is bridging therapy right for me?

This is something you need to discuss with:

1. Your primary health care provider
2. The provider performing the procedure
3. The provider who manages your warfarin

In some circumstances, bridging may decrease your risk of blood clots or stroke. In other cases, bridging may increase the risk of bleeding before and/or after a procedure.

Deciding if bridging therapy is the right choice for you depends on your specific situation. The following things need to be considered when making this decision:

1. The type of procedure you are having
2. The risk of bleeding associated with the procedure
3. Your individual risk of clotting
4. If you have a history of problems with clotting or bleeding
5. Your individual concerns about these risks

These things should be discussed with your primary health care provider and the person who manages your warfarin. Together you can decide whether or not you should use bridging anticoagulation.

You can also schedule an appointment with one of our thrombosis specialists who can help create a plan that is right for you.

Making the right bridging plan for you

Below is some basic information you and your health care provider should consider in creating a bridging plan. This information is provided to guide a discussion with your health care provider about your specific medical history and current health situation.

Some medical conditions may increase your risk of forming a blood clot (based on expert opinion)

Risk Level	Mechanical Heart Valve	Atrial Fibrillation	History of Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
Higher Risk	<ul style="list-style-type: none"> • Artificial mitral valve • Advanced age • Recent TIA or stroke 	<ul style="list-style-type: none"> • CHADS 2* score of 5-6 • TIA or stroke in past 3 months • Rheumatic valve disease 	<ul style="list-style-type: none"> • DVT or PE in past 3 months • Thrombophilia (increased tendency to form blood clots)
Med. Risk	<ul style="list-style-type: none"> • Artificial bi-leaflet aortic valve AND • Risk factors for stroke 	<ul style="list-style-type: none"> • CHADS 2 score of 3-4 	<ul style="list-style-type: none"> • DVT or PE in past 3-12 months • Thrombophilia (increased tendency to form blood clots) • More than one DVT or PE in the past • Active cancer
Lower Risk	<ul style="list-style-type: none"> • Artificial bi-leaflet aortic valve • No risk factors for stroke 	<ul style="list-style-type: none"> • CHADS 2 score of 0-2 AND • No prior TIA or stroke 	<ul style="list-style-type: none"> • Only one DVT or PE that occurred more than 12 months ago • No other risk factors

*CHADS 2 Score: A way to estimate the risk of stroke for people who have atrial fibrillation (considers high blood pressure, age, prior TIA or stroke, diabetes, and a history of congestive heart failure).

Some factors may increase your risk of bleeding

- 75 years of age or older
- Decreased kidney function
- Low platelet count
- Use of antiplatelet medications (aspirin or clopidogrel, also known as Plavix®)
- Decreased liver function
- Need for spinal anesthesia

Procedures have different levels of risk for bleeding and clotting. Talk to your health care provider about the risks associated with the procedure or surgery you are having.

Only basic information about things that increase bleeding and clotting risk have been included in this booklet. This information AND details specific to your medical history and current health must be taken into consideration by you and your health care provider to determine your risk of bleeding and clotting associated with a medical procedure.

You and your health care provider can complete the following section together as you discuss a bridging plan that is right for you.

What is my estimated risk of bleeding and forming a harmful clot with this procedure?

The procedure I am having is:

Based on the procedure I am having and my individual risk factors, my risk of bleeding is:

- Low
- Medium
- High

Based on the procedure I am having and my individual risk factors, my risk of a clot is:

- Low
- Medium
- High

How would I benefit from bridging therapy?

What are the risks of bridging therapy for me?

The date of my procedure is: _____

The Plan for Anticoagulation BEFORE My Procedure:

Days Before My Procedure	Date	What I will do with My Medications	Blood Testing and Results
-10 <i>(10 days before)</i>			
-7 <i>(7 days before)</i>			
-6 <i>(6 days before)</i>			
-5 <i>(5 days before)</i>			
-4 <i>(4 days before)</i>			
-3 <i>(3 days before)</i>			
-2 <i>(2 days before)</i>			
-1 <i>(1 day before)</i>			
0 <i>(day of procedure)</i>			

The Plan for Anticoagulation AFTER My Procedure:

Days After My Procedure	Date	What I will do with My Medications	Blood Testing and Results
0 <i>(day of procedure)</i>			
+1 <i>(1 day after)</i>			
+2 <i>(2 days after)</i>			
+3 <i>(3 days after)</i>			
+4 <i>(4 days after)</i>			
+5 <i>(5 days after)</i>			
+6 <i>(6 days after)</i>			
+7 <i>(7 days after)</i>			
+8 <i>(8 days after)</i>			

