Instructions for Patients Taking Blood Thinners

Blood thinners are medicines that reduce the risk of harmful blood clots forming. Common blood thinners used in Australia include:

- Aspirin (Cardiprin)
- Clopidogrel (Plavix, Coplavix, Iscover)
- Prasugrel
- Ticagrelor (Brilinta)
- Apixaban (Eliquis)
- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Warfarin

These medicines help prevent blood clots in people with conditions such as, heart stents, artificial heart valves, atrial fibrillation (an irregular heartbeat), blood clots in the legs (DVT)

They also help prevent blood clots from travelling to important organs such as the brain, heart or lungs, where they can cause serious problems such as a stroke or other complications.

Blood thinners and your endoscopy

A gastroscopy or colonoscopy is generally considered a **low-risk procedure for bleeding**, even if small tissue samples (biopsies) are taken or small polyps (less than 10 mm) are removed. Removal of large polyps particularly with electrocautery, Balloon stretching of a narrow are (Stricture dilation), and insertion of PEG feeding tube carry high risk of bleeding.

Should you stop your blood thinner?

Your doctors need to balance risk of bleeding during or after the procedure and the risk of a blood clot if your blood thinner is stopped. For most low-risk endoscopy procedures, the chance of serious bleeding is very low, even if you continue taking your blood thinner.

Unless you have been given different instructions, we recommend that you:

- **Continue taking your blood thinner as usual.**
- **Do not take your morning dose on the day of your procedure.** You can usually restart it after the procedure on the same day unless advised otherwise.

If you take **both aspirin and clopidogrel** (or another similar antiplatelet medicine)

- **Continue aspirin.**
- **Stop clopidogrel 7 days before your procedure.**

Please have the approval of prescribing doctor before doing so.

Please note: In the uncommon event that we find a large polyp or another abnormality that requires a procedure with a higher risk of bleeding, we may not be able to treat it during the same endoscopy or colonoscopy if you are taking a blood-thinning medication.

In this situation, the procedure may need to be repeated after your blood-thinning medication has been temporarily stopped or adjusted. This decision will be made in consultation with the doctor who prescribed your blood-thinning medication to ensure it is safe for you.