
St Vincents IR Medication & Lab Guidelines (2023)

- These are general guidelines. A Radiologist may choose to deviate from these guidelines on a case by case basis (physician experience, patient comorbidities, thrombosis risk, presence of multiple blood thinners, liver/renal dysfunction).
- Optimal Imaging procedures have their own protocols that may not necessarily follow these guidelines.

Procedures with Lower Risk of Bleeding

- **Superficial** - thyroid nodule FNA, all breast procedures, biopsy/aspiration/drainage of superficial/palpable lesions (including lymph nodes), salivary gland mass biopsy, lymphoscintigraphy
- **Miscellaneous** - thoracentesis, paracentesis, chest tube placement/removal, tunneled pleural/peritoneal drain (Pleurx/Denver) placement/removal, drainage catheter exchange/removal (abscess, chest, biliary, nephrostomy), gastrostomy/gastrojejunostomy exchange/conversion/removal, transjugular liver biopsy
- **MSK** - joint injection/aspiration (including SI joint), extremity bone biopsy, bone marrow aspiration/biopsy
- **Neuro** - lumbar puncture, myelogram, peripheral nerve block, sacral lateral branch block
- **Vascular** - nontunneled/tunneled venous catheter placement/removal (including chest port), IVC filter placement and uncomplicated removal, diagnostic angiography/venography, peripheral arterial intervention, pelvic or extremity venous intervention, arterial embolization (including bland/chemo/radio, UAE), dialysis access intervention

Laboratory Parameters

- **Platelets** - $\geq 20k$ - Checked for inpatients (generally within 72 hrs). Not routinely checked for outpatients.
All bone marrow aspiration/biopsy patients require CBC with differential the day of procedure.
- **INR** - ≤ 3.0 - Checked for inpatients (generally within 72 hrs). Not routinely checked for outpatients unless there is concern for supratherapeutic INR / coumadin therapy.
- **PTT** - Not routinely checked for any patients since there is no hold for patients on heparin.
- **BMP** - Only checked if patient is to receive conscious sedation.

Procedures with Higher Risk of Bleeding

- **Miscellaneous** - biopsy/aspiration/drainage of intrathoracic/abdominal/pelvic structures, biliary (including cholecystostomy) or nephrostomy tube placement, gastrostomy/gastrojejunostomy placement, radiofrequency/microwave/cryoablation procedure
- **Neuro** - cervical/thoracic/lumbar spine disc/facet/epidural procedures (excluding LP/myelogram), kyphoplasty/vertebroplasty
- **Vascular** - catheter directed thrombolysis, non peripheral arterial intervention (aortic/pelvic/mesenteric/CNS), intrathoracic and CNS venous intervention, complex IVC filter removal, portal vein intervention (including TIPS)

Laboratory Parameters

- **CBC** - Platelets $\geq 50k$ - Checked for inpatients and outpatients (generally within 72 hrs).
- **INR** - ≤ 1.8 - Checked for inpatients and outpatients (generally within 72 hrs).
- **PTT** - ≤ 1.5 x control - Checked only if patient is on heparin, argatroban or bivalirudin.
- **Platelet Function Assay** - Not recommended for renal procedures.
- **BMP** - Only checked if patient is to receive conscious sedation.

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	Lower Risk Procedures		Higher Risk Procedures	
	Hold	Resume	Hold	Resume
Aspirin (81 mg & 325 mg)	no hold	immediately	3-5 days	24 hrs
Short-Acting NSAIDs (ibu/ketoprofen, diclofenac, indomethacin)	no hold	immediately	24 hrs	immediately
Intermediate-Acting NSAIDs (naproxen, celecoxib, sulindac, diflunisal)	no hold	immediately	48 hrs	immediately
Long-Acting NSAIDs (meloxicam, piroxicam, nabumetone)	no hold	immediately	10 days	immediately
Heparin	no hold	immediately	4-6 hrs (IV) 6 hrs (SQ)	6-8 hrs
Enoxaparin (Lovenox)	no hold	immediately	12 hrs (30-40 mg dose) 24 hrs (higher doses)	12 hrs
Dalteparin (Fragmin)	no hold	immediately	24 hrs	12 hrs
Warfarin (Coumadin)	hold until INR $\leq 3.0^*$	immediately	hold until INR $\leq 1.8^*$	24 hrs*
Clopidogrel (Plavix)	no hold	immediately	5 days	6 hrs (75 mg dose) 24 hrs (higher doses)
Ticagrelor (Brilinta)	no hold	immediately	5 days	24 hrs
Prasugrel (Effient)	no hold	immediately	7 days	24 hrs
Aspirin/Dipyridamole (Aggrenox)	no hold	immediately	3-5 days	24 hrs
Cilostazol (Pletal)	no hold	immediately	no hold	immediately
Fondaparinux (Arixtra)	no hold	immediately	2-3 days (GFR ≥ 50) 3-5 days (GFR < 50)	24 hrs
Argatroban (Acova)	no hold	immediately	2-4 hrs	4-6 hrs
Bivalirudin (Angiomax)	no hold	immediately	2-4 hrs	4-6 hrs
Apixaban (Eliquis)	no hold	immediately	48 hrs (GFR ≥ 50) 72 hrs (GFR < 50)	24 hrs
Dabigatran (Pradaxa)	no hold	immediately	48 hrs (GFR ≥ 50) 72-96 hrs (GFR < 50)	24 hrs
Rivaroxaban (Xarelto)	no hold	immediately	48 hrs (GFR ≥ 30) 72 hrs (GFR < 30)	24 hrs
Betrixaban (Bevyxxa)	no hold	immediately	72 hrs	24 hrs
Edoxaban (Savaysa)	no hold	immediately	48 hrs	24 hrs
Ticlopidine (Ticlid)	72 hrs	24 hrs	7 days	24 hrs
Desirudin (Iprivask)	no hold	1 hr	4 hrs	1 hr
Abciximab (ReoPro)	24 hrs	per Cardiology	24 hrs	per Cardiology
Eptifibatide (Integrilin)	4-8 hrs	per Cardiology	4-8 hrs	per Cardiology
Tirofiban (Aggrastat)	4-8 hrs	per Cardiology	4-8 hrs	per Cardiology

* Consider bridging for high thrombosis risk cases.