Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

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Anticoagulant & Antiplatelet Medications

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Blood Thinners and Surgery

A quick-reference guide to anticoagulants, antiplatelet medications, and surgery.

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Why this matters

Blood-thinning medications save lives — they prevent strokes, heart attacks, and blood clots. They also increase bleeding risk during surgery. Stopping them safely requires a plan that considers both your bleeding risk **and** your clotting risk.

Do not stop any cardiac or anticoagulant medication on your own. Stopping these without medical guidance can cause stroke or heart attack. Always confirm timing with the prescribing physician.

General timing

> **All of the timing below is a default. The pre-anesthesia team's instructions, and any guidance from your cardiologist or hematologist, override what is on this sheet.**

Antiplatelet medications

Medication	Stop how many days before surgery	Confirm with
Aspirin (low dose, 81 mg)	7 days	Cardiologist if you have stents
Aspirin (full dose, 325 mg)	7 days	Cardiologist if you have stents
Plavix (clopidogrel)	7 days	Cardiologist required
Brilinta (ticagrelor)	5 days	Cardiologist required
Effient (prasugrel)	7 days	Cardiologist required
Aggrenox (aspirin/dipyridamole)	7 days	Cardiologist

Direct oral anticoagulants (DOACs)

Medication	Stop how many days before surgery	Notes
Eliquis (apixaban)	3 days (72 hours)	Longer if kidney function is impaired
Xarelto (rivaroxaban)	3 days (72 hours)	Longer if kidney function is impaired
Pradaxa (dabigatran)	3 days (72 hours)	Longer if kidney function is impaired
Savaysa (edoxaban)	3 days (72 hours)	Longer if kidney function is impaired

Warfarin (Coumadin)

- Stop **5 days before** surgery.
- Get an **INR check** the day before to confirm it has dropped into the normal range.
- For high-clotting-risk patients (mechanical valve, recent clot, atrial fibrillation with prior stroke), **bridging** with injectable enoxaparin (Lovenox) may be needed during the off-warfarin window. Your prescriber will arrange this.

Other agents to mention

- **NSAIDs** (ibuprofen, naproxen, meloxicam, diclofenac, celecoxib): stop **7 days before**.
- **Aspirin-containing cold/flu products** (Excedrin, BC Powder, Goody's): stop 7 days before.
- **Fish oil, vitamin E, ginkgo, garlic supplements**, high-dose turmeric: stop 7 days before — they affect platelet function.

When to restart

You will be told when to restart each medication based on your bleeding risk after surgery, your clotting risk, and the type of operation. **Do not restart on your own.**

Typical timing for low-bleeding-risk operations:

- **Aspirin, NSAIDs**: 24–48 hours after surgery
- **Plavix, Brilinta, Effient**: per cardiology
- **Eliquis, Xarelto, Pradaxa**: 1–2 days after surgery
- **Warfarin**: the evening of or day after surgery

For neurosurgical operations, restart timelines may be longer. **Always follow your discharge instructions.**

High-risk situations — call before stopping

Talk to your cardiologist (or our office) **before** stopping any of these if you have:

- **Coronary stents placed in the last year** — stopping antiplatelets early can cause stent thrombosis, a heart attack.
- **A mechanical heart valve.**
- **Atrial fibrillation with a prior stroke.**
- **A blood clot in the last 3 months** (DVT or pulmonary embolism).
- **A bleeding disorder** (hemophilia, von Willebrand, ITP, etc.).

For these situations, bridging therapy or a modified plan is the norm — not the exception. Build in extra time for coordination.

What to bring to your pre-op visit

- **A complete list of every medication and supplement you take**, with doses and how often.
- **Names and contact information for your cardiologist, hematologist, or other prescribers.**
- **A recent INR if you are on warfarin** (within the last month is ideal).
- **Any prior bridging plans** that have been used for previous surgeries.

When to call us

Call our office at **(785) 368-0767** if:

- You are unsure whether to stop a medication and the pre-anesthesia visit is more than 48 hours away.
- You took a medication that was supposed to be held — we may need to reschedule, or we may not. Either way we need to know.
- You develop bleeding (gums, urine, stool) after stopping a blood thinner — usually this is harmless, but tell us.

For severe bleeding, chest pain, weakness, or symptoms of a stroke, **call 911**.

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This handout provides general guidance for patients of Chad Tuchek, MD at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon and at discharge. **For medical emergencies, call 911.**