Anticoagulants & Antiplatelets in GI Bleeding

Reversal, interruption, bridging, and resumption of antithrombotic agents in acute GI bleeding and the periendoscopic period.

2022 ACG-CAG Clinical Practice Guideline
Management of Anticoagulants and Antiplatelets During Acute GI Bleeding and the Periendoscopic Period
Abraham et al. · Am J Gastroenterol 2022;117:542–558

GRADE — Conditional Rec — No Recommendation Reached

1 Acute GI Bleeding — Reversal Agents

STATEMENT	GRADE
Warfarin, acute GIB: against FFP administration	2 · Conditional
Warfarin, acute GIB: no recommendation for/against PCC	No Rec Reached
Warfarin, acute GIB: PCC suggested over FFP if reversal pursued	2 · Conditional
Warfarin, acute GIB: against vitamin K administration	2 · Conditional
Dabigatran, acute GIB: against idarucizumab	2 · Conditional
Rivaroxaban/apixaban, acute GIB: against andexanet alfa	2 · Conditional
Any DOAC, acute GIB: against PCC administration	2 · Conditional
Antiplatelet agents, acute GIB: against platelet transfusion	2 · Conditional

2 Acute GI Bleeding — ASA Management

STATEMENT	GRADE
Cardiac ASA (secondary prevention) with GIB: against holding ASA	2 · Conditional
If ASA held: **resume the day hemostasis is endoscopically confirmed**	2 · Conditional

3 Elective Endoscopy — Anticoagulant Management

STATEMENT	GRADE
Warfarin, elective endoscopy: continue rather than temporarily interrupt (1–7 d)	2 · Conditional
If warfarin held periprocedurally: **against bridging anticoagulation**	2 · Conditional
DOACs, elective endoscopy: temporarily interrupt rather than continue	2 · Conditional
Warfarin interrupted: no recommendation on same-day vs 1–7 d resumption	No Rec Reached
DOAC interrupted: no recommendation on same-day vs 1–7 d resumption	No Rec Reached

4 Elective Endoscopy — Antiplatelet Management

STATEMENT	GRADE
DAPT (secondary prevention), elective endoscopy: interrupt P2Y12 inhibitor, **continue ASA**	2 · Conditional
Single P2Y12 inhibitor therapy: no recommendation on interruption	No Rec Reached
Cardiac ASA monotherapy (81–325 mg/d): against interruption	2 · Conditional
P2Y12 inhibitor interrupted: no recommendation on same-day vs 1–7 d resumption	No Rec Reached

5 Empiric Endoscopic Procedural Bleeding Risk

HIGH RISK — 30-D MAJOR BLEED >2%

Polypectomy ≥1 cm · PEG/PEJ placement · ERCP with sphincterotomy · EMR/ESD · EUS-FNA · endoscopic hemostasis (excl. APC) · radiofrequency ablation · POEM · variceal therapy · therapeutic balloon enteroscopy · tumor ablation · cystogastrostomy · ampullary resection · pneumatic/bougie or laser dilation

LOW/MODERATE RISK — ≤2%

Diagnostic EGD/colonoscopy/sigmoidoscopy ± biopsy · ERCP with stent (no sphincterotomy) or papillary balloon dilation · EUS without FNA · push/diagnostic balloon enteroscopy · enteral stent · APC · balloon dilation of strictures · polypectomy <1 cm · ERCP without sphincterotomy · marking/tattooing · capsule endoscopy

6 Empiric Periprocedural Thromboembolic Risk

STRATUM	MECHANICAL HEART VALVE	ATRIAL FIBRILLATION	VENOUS THROMBOEMBOLISM
High	Any mitral valve prosthesis · caged-ball/tilting-disc aortic valve · stroke/TIA within 3 mo	$CHADS_2$ 5–6 · CHA_2DS_2-VASc ≥7 · stroke/TIA within 3 mo · rheumatic valvular disease	VTE within 3 mo · severe thrombophilia (protein C/S or antithrombin deficiency, antiphospholipid Ab, combined defects)
Moderate	Bileaflet aortic valve + ≥1 of: AF, prior stroke/TIA, HTN, DM, CHF, age >75	$CHADS_2$ 2–4 · CHA_2DS_2-VASc 5–6	VTE 3–12 mo ago · nonsevere thrombophilia · recurrent VTE · active cancer (treated ≤6 mo or palliative)
Low	Bileaflet aortic valve, no AF or other risk factors	$CHADS_2$ 0–1 · CHA_2DS_2-VASc 1–4	VTE >12 mo ago, no other risk factors

Abraham NS, Barkun AN, Sauer BG, et al. ACG-CAG Clinical Practice Guideline: Management of Anticoagulants and Antiplatelets During Acute GI Bleeding and the Periendoscopic Period. *Am J Gastroenterol*. 2022;117(4):542–558.