

**UAB BODY IMAGING SECTION - GUIDELINES FOR TESTING AND MANAGEMENT OF LAB VALUES FOR BODY PROCEDURES**

**PROCEDURES WITH *LOW* RISK OF BLEEDING, EASILY DETECTED AND EASILY CONTROLLABLE:**

<b>LOW Risk Procedures</b>	<b>Lab Tests</b>	<b>Management</b>
<ul style="list-style-type: none"> <li>• Thoracentesis</li> <li>• Paracentesis</li> <li>• FNA</li> <li>• Superficial aspiration</li> <li>• Superficial core biopsy</li> </ul>	<p><b>INR: &lt;2.0</b> <b>Platelet count: &gt;20,000uL</b></p> <p><i>*In patients with known chronic liver disease, no INR threshold is required for low-risk procedures.</i></p>	<p><b>ReoPro/abciximab:</b> Hold 24h prior to procedure. Reinitiate based on clinical need.  <b>Integrilin/eptifibatide or Aggrastat/tirofiban:</b> Hold 8h prior to procedure. Reinitiate based on clinical need.  <b>Warfarin:</b> Hold until INR &lt; 3.0. Restart same day  <b>Do not withhold:</b> Aspirin, Plavix/Effient, Ticlid, Heparin, Lovenox, Factor Xa inhibitors (Xarelto, Eliquis, Savaysa, Arixtra), NSAIDs</p>

**PROCEDURES WITH *HIGH* RISK OF BLEEDING:**

<b>HIGH Risk Procedures</b>	<b>Lab Tests</b>	<b>Management</b>
<ul style="list-style-type: none"> <li>• Any solid organ biopsy include</li> <li>• Deep non-organ biopsy</li> </ul>	<p><b>INR: &lt;1.5</b> <b>Platelet count: &gt;50,000uL</b></p> <p><i>*In patients with known chronic liver disease, INR &lt; 2.5 and platelets above 30,000 are required for high-risk procedures.</i></p>	<p><b>Aspirin or Aggrenox:</b> Hold 5 days. Restart 24h.  <b>Ibuprofen:</b> Hold 12h for elective procedures. Restart 24h.  <b>Naproxen:</b> Hold 3 days for elective procedures. Restart 24h.  <b>Plavix:</b> Hold 5 days. Restart 6h if at 75mg dose, 24h if at loading dose (300mg+).  <b>Brilinta:</b> Hold 5 days. Restart 24h.  <b>Effient:</b> Hold 7 days. Restart 24h.  <b>Ticlid:</b> Hold 7 days. Restart 24h.  <b>Warfarin:</b> Hold 5 days or INR ≤1.5. Restart 12-24h.  <b>Heparin gtt:</b> Hold for 4h. Restart 6-8h.  <b>Heparin SQ/prophylactic:</b> Hold for 6h. Restart 24h.  <b>Lovenox- therapeutic:</b> Hold 24h. Restart 12h.  <b>Lovenox- prophylactic:</b> Hold 24h. Restart 12h.  <b>Argatroban/Bivalrudin:</b> Hold 4h. Restart 4-6h.  <b>Pradaxa:</b> Hold for 5 days (7 days with renal disease). Restart 24h.  <b>Factor Xa inhibitors (Xarelto, Eliquis, Savaysa, Arixtra):</b> Hold for 3 days. In renal disease, hold for 5d. Restart 24h.  <b>ReoPro/abciximab:</b> Hold 24h prior to procedure. Reinitiate based on clinical need.  <b>Integrilin/eptifibatide or Aggrastat/tirofiban:</b> Hold 8h prior to procedure. Reinitiate based on clinical need.</p>

Adapted from Indravadan J. Patel, MD Shiraz Rahim, MD Jon C. Davidson, MD Sue. E. Hanks, MD Alda L. Tam, MD T. Gregory Walker, MD Luke R. Wilkins, MD Ravi Sarode, MD Ido Weinberg, MD. Society of Interventional Radiology Consensus Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions—Part II: Recommendations JVIR (2019) 30:1168-1184.e1 [https://www.jvir.org/article/S1051-0443\(19\)30407-5/fulltext](https://www.jvir.org/article/S1051-0443(19)30407-5/fulltext)

These are suggested practice guidelines developed by UAB Radiology for use by UAB Radiology. These guidelines are intended to be used in conjunction with a provider's training and expertise, as appropriate for the specific assessment and care needs of the individual patient. These practice guidelines are not necessarily inclusive of all proper methods of care, nor exclusive of other reasonable methods of care. These guidelines are based on relevant portions of various peer reviewed publications and the knowledge and expertise of UAB Radiology Medical Staff Members. These guidelines represent a consensus among UAB Radiology providers to facilitate a consistent, high-quality practice in anticoagulation therapy related to Radiology procedures.