

ANTICOAGULANT ADVICE FOR ALL PATIENTS



Warfarin

- Make an appointment to have your INR checked within 7 days of your appointment date and bring your results with you.
- If your INR is within the therapeutic range (the range specified for you by your doctor) then continue with the same dose of warfarin.
- If your INR is above your therapeutic range, then you will need to reduce your dose of warfarin to bring it back within its therapeutic range. You do not need to stop taking your warfarin.



Anti-coagulants: Dabigatran, Rivaroxiban, Apixiban or Edoxaban

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.



Anti-platelets: Aspirin, Dipyridamole (Persantin), or Clopidogrel (Plavix)

- Please do not take these on the morning of your procedure, unless you have been advised otherwise by your GP/Doctor.

If you have any questions relating to your blood thinning medications or you are unsure about stopping them, please feel free to contact us on **01179 103 790** or speak to your GP for further advice