

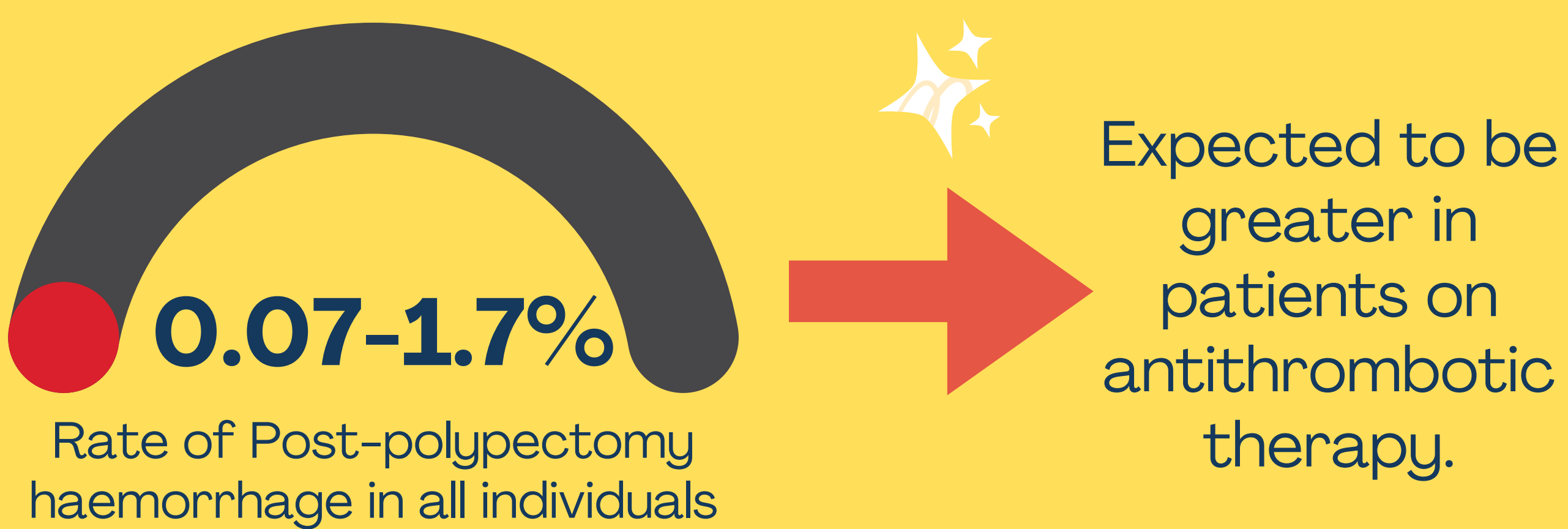
# ANTITHROMBOTIC HAEMORRHAGE RISK IN ENDOSCOPY PATIENTS - PRELIMINARY FINDINGS -

Pranjal Chaurasia, Christopher J Steen, Raymond J Yap, Mohammad Asghari-Jafarabadi, Paul J McMurrick

## BACKGROUND + AIM

Perioperative management of antithrombotic therapy, particularly with the increasing use of DOACs and low quality evidence behind international guidelines, poses difficulty for endoscopists who must regularly weigh thrombotic and haemorrhagic risks.

This Australian study is the first to investigate bleeding risk in patients on anticoagulant and antiplatelet agents during endoscopic biopsies or polypectomies.



## FACTORS AFFECTING RATE

- Type of antithrombotic therapy used
- Timing of medication cessation
- Size of polyp
- Number of polyps/biopsies
- Hot snare vs Cold snare polypectomy (HSP vs CSP)
- Prophylactic endoclip intraoperatively
- Early follow up at 10 days
  - Delayed haemorrhage can occur up to 4 weeks post-op
- Sample size
- Single-institution study
- Private hospital, affects demographics
- Lack of blood test requirement at follow up
  - Drop in Hb by prolonged small haemorrhage can be missed

**STATISTICAL ANALYSIS PENDING**  
with many of these factors being investigated

## RESULTS

### Complications:

- Due to large haemorrhagic risk, 3 endoscopes were repeated with ceased antithrombotics
  - Continued antithrombotic therapy during first scope
- 1 Post-polypectomy haemorrhage required clipping in an emergency reoperation
  - Despite ceasing Apixaban peri-operatively

## CONCLUSION:



Rate of Haemorrhage



Required Reoperation



## DESIGN

This is a single-institution, retrospective cohort analysis of patients who have undergone an endoscopic procedure between July 2018 and June 2022.

## OUTCOME MEASURES

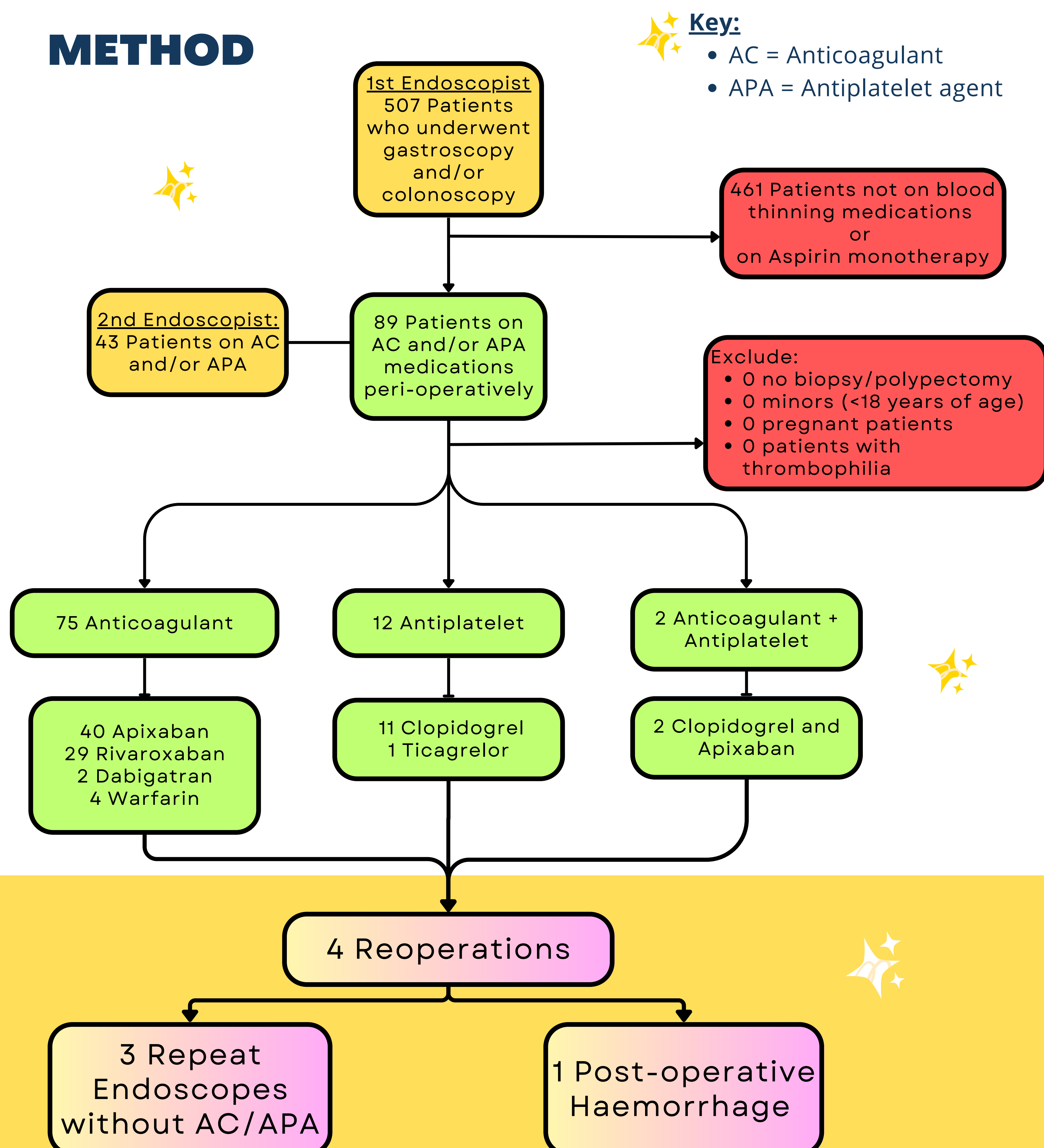
Primary outcomes:

- intra-operative and/or post-operative haemorrhage (up to 4 weeks after operation) requiring:
  - unplanned admission to hospital
  - blood transfusion
  - Reoperation (return to theatre)

Secondary outcome:

- occurrence of a thrombotic event within the same period post-operatively

## METHOD



Conclusive evidence in favour of or against continuing or withholding antithrombotics perioperatively could not be obtained. The research is currently in progress, involving the collection and analysis of additional data.

As hypothesised, a greater rate due to the involvement of antithrombotic therapy was unable to be supported.