
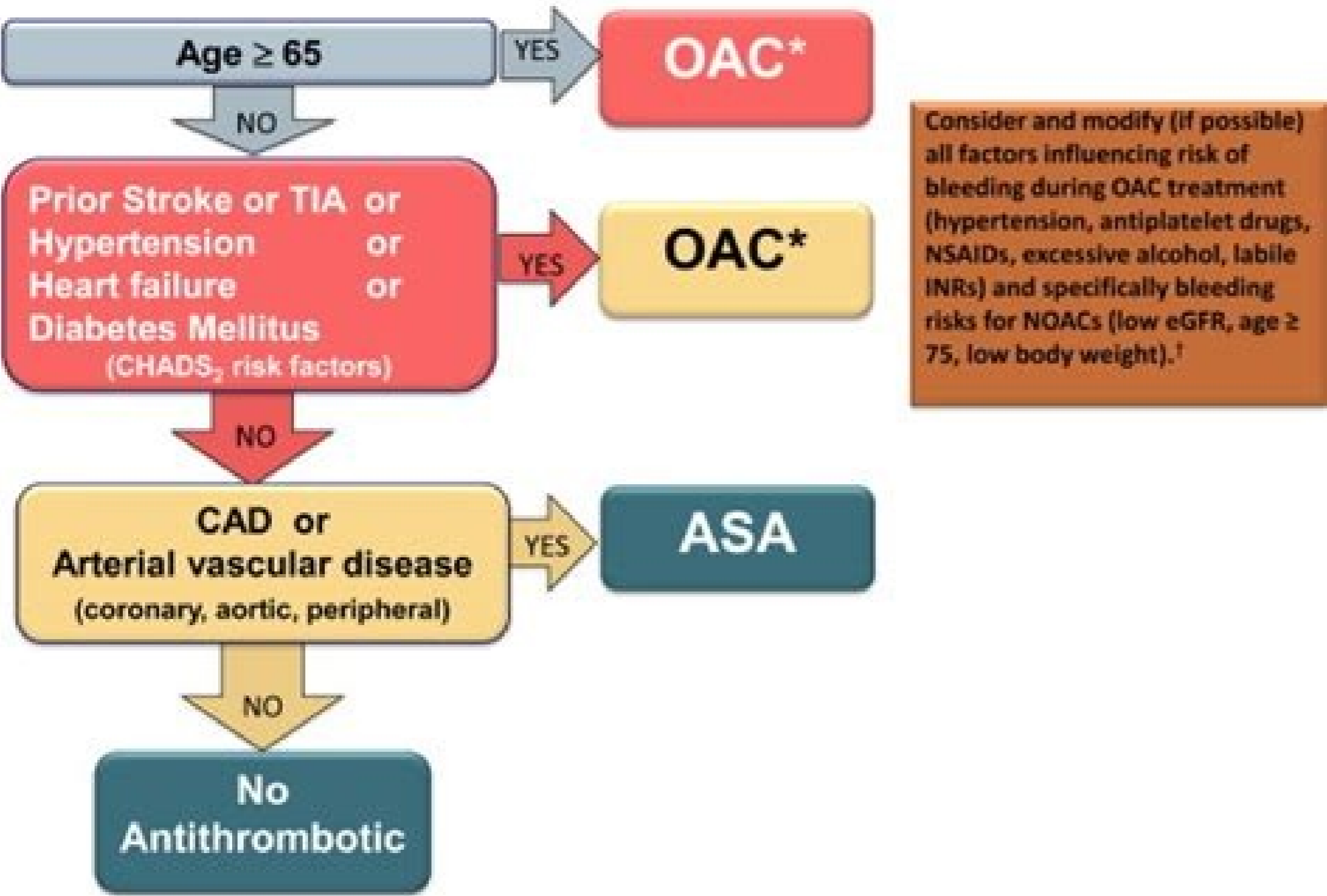


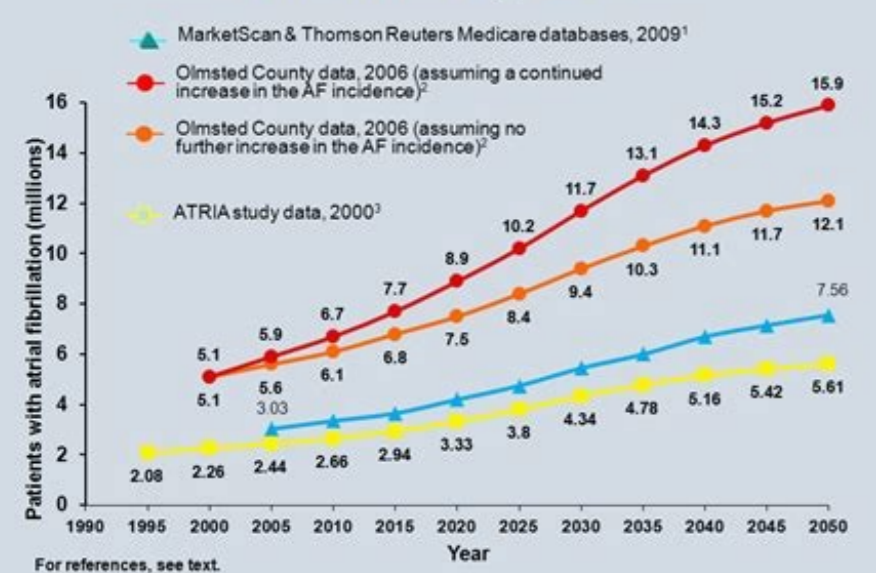
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The "CCS Algorithm" for OAC Therapy in AF



Projected Number of Patients With Atrial Fibrillation by 2050



LOW/VERY LOW RISK	MODERATE RISK	HIGH RISK
<ul style="list-style-type: none"> Dental extractions (1 or 2 teeth), endodontic (root canal) procedure, Subgingival scaling or other cleaning Cataract surgery Dermatologic procedures (e.g. biopsy) Gastroscopy or colonoscopy without biopsies Coronary angiography Permanent pacemaker insertion or internal defibrillator placement (if bridging anticoagulation is not used) Selected procedures (e.g. thoracentesis, paracentesis, arthrocentesis) 	<ul style="list-style-type: none"> Other intra-abdominal surgery (e.g. laparoscopic cholecystectomy, hernia repair, colon resection) Other general surgery (e.g. breast) Other intrathoracic surgery Other orthopedic surgery Other vascular surgery Non-cataract ophthalmologic surgery Gastroscopy or colonoscopy with biopsies Selected procedures (e.g. bone marrow biopsy, lymph node biopsy) Complex dental procedure (e.g. multiple tooth extractions) 	<ul style="list-style-type: none"> Any surgery or procedure with neuraxial (spinal or epidural) anesthesia Neurosurgery (intracranial or spinal) Cardiac surgery (e.g. CABG, heart valve replacement) Major intra-abdominal surgery (e.g. intestinal anastomosis) Major vascular surgery (e.g. aortic aneurysm repair, aortofemoral bypass) Major orthopedic surgery (e.g. hip or knee replacement) Lung resection surgery Urological surgery (e.g. prostatectomy, bladder tumour resection) Extensive cancer surgery (e.g. pancreas, liver) Reconstructive plastic surgery Selected procedures (e.g. kidney biopsy, prostate biopsy, cervical cone biopsy, pericardiocentesis, colonic polypectomy)

Study	Year	Population	Incidence (%)
CHA2DS2-VASc	2009	10,000	1.5
AFNET	2010	10,000	1.5
AFNET 2	2011	10,000	1.5
AFNET 3	2012	10,000	1.5
AFNET 4	2013	10,000	1.5
AFNET 5	2014	10,000	1.5
AFNET 6	2015	10,000	1.5
AFNET 7	2016	10,000	1.5
AFNET 8	2017	10,000	1.5
AFNET 9	2018	10,000	1.5
AFNET 10	2019	10,000	1.5

Thrombosis canada guidelines warfarin. Warfarin dose adjustment guidelines canada. Warfarin dosing guidelines canada. Canada anticoagulation guidelines.

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Note that under the neuraxial neuraxial For very high risk surgeries, anesthetists / specialists can choose a more conservative interruption period for DOAC. Patients with a high risk of venous thromboembolism can receive prophylactic treatment of ETW after operation until treatment with DOAC is resumed. Regional anesthesia in the patient in antithrombotic or thrombolytic treatment: American Society of Regional Anesthesia and Pain Medicine Evidence-Based Guidelines (Fourth edition). Noac / DOAC: Perioperative management. These guidelines are more conservative than those outlined by the PAUSE and Thrombosis Canada trial. JAMA 2019. Therefore, the general conclusion was that the application of a simple and standardized strategy without bridge heparin for the perioperative management of the CAD was safe and effective. Data that answered these questions The PAUSE trial was a multicenter international trial published in August 2019 to evaluate the safety of the use of a standardized protocol for the perioperative management of three CAD: Apixaban, Dabigatran and Rivaroxaban (1). 2018; 43 (3): 225-62. Interventional procedures of the spine and pain in patients in treatment with antiplatelet and anticoagulants (second edition): Guidelines of the American Society of Regional Anesthesia and Pain Medicine, the European Society of Regional Anesthesia and Pain Therapy, the American Academy of Pain Medicine, the International Society of Neuromodulation, the North American Society of Neuromodulation and the World Pain Institute. For DABIGATRAN with CRCL> = 50 ml / min, Apixaban and Rivaroxaban, the anticoagulation was maintained for 1 day before the low risk of hemorrhage (without DACO DIA -1), and for 2 days before the procedures High risk of hemorrhage (without DACO DIA -2 or DAA -1). (Application with CPSC or query with UBC). In patients with a procedure High risk of hemorrhage à €, the larger hemorrhage rates were 2.96% (95% CI, 0% -4.68%) in the apixaban cohort, 0.88% (95% CI -2, -62%) in the group of dabigatran, and 2.95% (95% CI, 95%, ton yduts siht fo holuser eht, Aotereirc noisulcintn ni tneimtaert fo tneimborac other nitallirbif lairstabif Laribun Gnsaercini so.) mhiroglA tmemegnish evitarepoirepo yna nashaarepoirepoon ici à € à € dna à € e edugi lacinilcÀ à € à adanaC sisobmorht htoeb eht ot gnirrefer dnemmoer EW sitekuoD .la à adanaC sisobmorht morf detpada .ylevitarepo deriuep ERP-si gnitset noitalugaocitna eniutor on .Iortnoc niap Roof decalp retehtac larudipe ekil snoitacidiartnoco and on other DNA ereht deveihca eb Ot tolef si sisatsomeh fi yregrus ksir-hghil rof 3-2 vad kisir-hgi ksir-hogrus ksir-wol ot rouip 2- yad no) 05 + lrcr-nima eht nicanap .ihoc nabaxoravir eht ni generalizable to this patient population. Thrombosis Canada. The bleeding risk of the procedure or surgery was determined by a pre-specified classification (Table 1). Thrombosis Canada mobile and web apps: View to download, Horlocker TT, Vandermeulen E, Kopp SL, Gogarten W, Lefert LR, Benzon HT. The purpose of this article is to answer the aforementioned questions and better inform healthcare practitioners regarding safe practices for perioperative DOAC management. The postoperative DOAC resumption schedule indicated that all patients undergoing low-risk procedures were to start anticoagulation on postoperative day 1, approximately 24 hours after the operation, and patients undergoing high-risk procedures were to start anticoagulation on postoperative day 2 or 3, as long as hemostasis was achieved. For questions or concerns regarding anticoagulation in the perioperative period unanswered by the aforementioned guidelines, including management in patients with borderline renal function, ongoing surgical bleeding risk, or VTE patients, phone advice may be obtained from St. Paul's Hospital Line for Thrombosis (604-696-2131 www.raceapp.ca). JAMA Intern Med. Bayer: speaker honoraria. There were no changes to these intervals for patients on reduced dose anticoagulation. The primary outcomes assessed in the PAUSE trial were major bleeding within 30 days and arterial thromboembolism, including TIA, stroke, and systemic embolism. DOI: 10.1001/jamainternmed.2019.2431. No heparin bridging is needed given the short and predictable half-lives of these agents. Published April 30, 2019. Treatments and recommendations in this article are unrelated to products/services/treatments involved in the disclosure statement.A À What frequently asked questions we have noticed Each year. 1 in 6 patients with atrial fibrillation, or an estimated 6 million patients worldwide, will require perioperative anticoagulant management (1). High-risk surgery / proceedings Surgery of low risk of hemorrhage / procedures 1) Any surgery that requires neuraxial anesthesia Neuraxial anesthesia / injections Epidural / injection anesthesia of intracranial hemorrhage (subdural, epidural) 3) Toriacal surgery Lobectomy, pneumonectomy esophagectomy 4) Coronary surgery Substitution or repair 5) Vascular surgery Aortic aneurysms Aortobifurcation derivation repair, CAROTIDE Fogarty derivation 6) Surgery Abdominopew Hepatobiliary cancer pancreatic cancer colorectal and gastric Disease Inflammatory Disease Renal Cancer Subsection Display of Endometrial Cancer Resection ER OVAL RADICAL PROSTATECTOMIO 7) Senior Orthopean Surgery Hip Arthroplast or Shoulder Repair Osteotomy 8) Other major cancer or reconstructive surgery Surgery Reconstructive Surgery Facial, abdominal surgery, of the Extremities 1) Gastrointestinal Procedures Colonoscopy Gastroscopy Sigmoidoscopy ERCP Endoscopy Push Enteroscopy Barrett à € S Copogah Alacation 2) Cardiac Procedures Passmaker Implant. Permanent or Change of Battery Implantation of Internal Cardiac Defibrillator or Battery Change Ablation Arterial Angry (Radial approach) 3) Dental procedures Dental extraction (up to two extractions) Endodontics (Root conduit) Procedure 4) Cutaneous Procedures 5) Ocular Procedures Facomulsification (Cataract) Please indicate how this article will change its practice: Loading ... Narush S, B Enzon Ht, Provenzano D, %59 %59 CI(%53,1 ed euf saAd 03 sol a royam aigarmeh ed airtarepotosp asat al .Ja te ,T reeD J serdNa eD A .1202 .1202, 51 von Dessecca .detneserp Si Atad Lairt Dehsilub Yno: Saib Laitnetop Gnitagitim .adanac Sisobmorht) CBU Ro CBSPC Htiw Weiv (.Ylefas Deecorp ot Elba Eb Dluohs Ciripme Na Deredisnoc LM / GN 05

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