Figure 2: Summary of Peri-procedural Management of Anticoagulants and Antiplatelet Medications

DRUG	WHEN TO STOP			WHEN TO RESTART
	High-risk procedures	**Intermediate-risk procedures**	**Low-risk procedures**	
ASA and ASA combinations	-Primary prophylaxis: 6 days -secondary prophylaxis: shared assessment and risk stratification	Shared assessment and risk stratification*#	No	24 hours
NSAIDs	5 half-lives	No‡	No	24 hours
Diclofenac	1 day			
Ketorolac	1 day			
Ibuprofen	1 day			
Etodolac	2 days			
Indomethacin	2 days			
Naproxen	4 days			
Meloxicam	4 days			
Nabumetone	6 days			
Oxaprozin	10 days			
Piroxicam	10 days			
Phosphodiesterase Inhibitors				
Cilostazol	2 days	No	No	24 hours
Dipyridamole	2 days	No	No	
ASA combinations	Follow ASA recommendations	Shared assessment and risk stratification*		
Anticoagulants				
Coumadin	5 days, normal INR	5 days, normal INR	-No - shared assessment and risk stratification*	24 hours
Acenocoumarol	3 days, normal INR	3 days, normal INR	-No - shared assessment and risk stratification*	24 hours
IV heparin	4 hours	4 hours	4 hours	2 hours**
Subcutaneous heparin, BID & TID	8-10 hours	8-10 hours	8-10 hours	2 hours
LMWH: prophylactic	12 hours	12 hours	12 hours	-4 hours after low risk -12-24 hours after medium/high risk pain procedures
LMWH: therapeutic	24 hours	24 hours	24 hours	-4 hours after low risk procedures -12-24 hours after medium/high risk pain procedures

Figure 2: Summary of Peri-procedural Management of Anticoagulants and Antiplatelet Medications

DRUG	WHEN TO STOP			WHEN TO RESTART
	High-risk procedures	**Intermediate-risk procedures**	**Low-risk procedures**	
Fibrinolytic agents	48 hours	48 hours	48 hours	48 hours
Fondaparinux	4 days	4 days	shared assessment and risk stratification	24 hours
P2Y12 inhibitors				
Clopidogrel	7 days	7 days	No	12-24 hours
Prasugrel	7-10 days	7-10 days	No	12-24 hours
Ticagrelor	5 days	5 days	No	12-24 hours
New anticoagulants				
Dabigatran	4-5 days 6 days (impaired renal function)	4-5 days 6 days (impaired renal function)	shared assessment and risk stratification*	24 hours
Rivaroxaban	3 days	3 days	shared assessment and risk stratification*	24 hours
Apixaban	3-5 days	3-5 days	shared assessment and risk stratification*	24 hours
Glycoprotein IIb/IIIa inhibitors				
Abciximab	2-5 days	2-5 days	2-5 days	8-12 hours
Eptifibatide	8-24 hours	8-24 hours	8-24 hours	8-12 hours
Tirofiban	8-24 hours	8-24 hours	8-24 hours	8-12 hours
Antidepressants and Serotonin Reuptake Inhibitors (SRIs)	See text and table 6	No	No	See text and table 6

Major areas of differences from the ASRA guidelines for regional anesthesia are in yellow boxes.
New medications since the latest ASRA guidelines for regional anesthesia are in blue boxes.

* See detailed text in the corresponding section

**If an intermediate- or high-risk procedure was bloody, then a 24 hour interval should be observed.

[#]Consideration should be given to the discontinuation of aspirin for certain intermediate-risk procedures including interlaminar cervical epidural steroid injections and stellate ganglion blocks where specific anatomical configurations may increase the risk and consequences of procedural bleeding.

[‡] Consideration should be given to the discontinuation of NSAIDS for certain intermediate-risk procedures including interlaminar cervical epidural steroid injections and stellate ganglion blocks where specific anatomical configurations may increase the risk and consequences of procedural bleeding (Refer to the section entitled Anatomical Considerations for the Development of a Hematoma in Spinal and Non-spinal Areas).