Managing Anticoagulation at a Pre-operative Assessment Clinic

Southern Health and Social Care Trust
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SHSCT
History

- Pre-operative Assessment (POA) Service was established in Southern Health and Social Care Trust (SHSCT) in 2006.
- Pre-op all patients who are GA surgery in Orthopaedic, General surgery, Gynae, ENT and Urology surgery
- POA managed anticoagulants for all patients - GA & LA surgery as per Consultant instructions
- Guideline for the Management of Warfarin for Patients Requiring an Elective Procedure in place in SHSCT from 2008
- In 2012 POA responsibility expanded to providing anticoagulant (and antiplatelet) advice to patients who were undergoing Endoscopic procedures in addition to GA and LA.
How was the patient advised before 2012?

- Pre-operative assessment Sisters advised - based on the add to waiting list form completed by the Consultant

- Schedulers and secretaries - Patients contacting the POA team for anticoagulant drug advice being directed to the secretaries or schedulers
How did the Pre-operative Assessment Team become involved

- From 2012 pre-operative assessment were responsible for advising patients who were for GA, LA and endoscopy procedures
- Band 6 Pre-op Sisters advised the patients
- Followed the Guideline for the Management of Warfarin for Patients Requiring an Elective Procedure in place in SHSCT from 2008
- Guidance on the Administration of Medications in Pre-operative Adult Patients were revised in 2012.
Haematology Involvement

- Worked with Dr Boyd, consultant Haematologist and lead consultant for anticoagulation within the SHSCT. She was available for advice and supply of prescriptions for bridging at the weekly anticoagulant clinic.

- Anticoagulant pharmacists were already managing anticoagulant clinics throughout the Trust – they were another point of contact for the POA team.
Current management

Who Manages this patient Group Now

- Consultant Surgeon
- Pre-operative Assessment Team
- Anti-coagulant pharmacist
- Consultant Haematologist
Role of the Consultant Surgeon

- Completes the “add to waiting list form” for all patients (GA / LA / Endoscopy)
- Indicates which drug the patient is prescribed
- Indicate the management of drug in line with the bleeding risk including bridging if appropriate
- Follows the trust policy and guidelines
Role of Pre-operative Assessment Team

- Co-ordinates the patient care
- Patient for GA - at the nurse led pre-op clinic the patient’s medication and dose are confirmed with the patient and NIECR – anticoagulant drug is added to PAS
- At this clinic appointment, the patient receives written advice informing that the drug may need to be stopped and to contact POA
- Endoscopy Patients – POA team receive email to a central POA endoscopy email address informing us about patient
- LA patients – Pre-op admin team review admission lists and alert nursing team
- Pre-op Sr / Cn request the patient’s notes to review add to waiting list form
- Add to waiting list form reviewed along with the trust guidelines
- If the advice is not in keeping with trust guidelines the anticoagulant pharmacist is contacted to confirm and then the consultant surgeon is contacted to inform them of any changes that are required to agree with trust guidelines
When the patient is given a date for surgery:

- Alerted by pre-op admin team of TCI date (GA & LA Patient)
- Scheduling team send endoscopy patient details to POA via an email
- Patient also phones pre-op
- Pre-op Sr / Cn contacts the patient by phone to relay the advice verbally and sends the patient out written advice
- If bridging is required the Pre-op Sr / Cn contacts the anticoagulant pharmacist to complete the prescription
- Bridging prescription is dispensed at hospital pharmacy and the collection of this is co-ordinated by pre-op
- Inform GP if the drug is to be stopped prior to procedure and or if bridging is required
Role of the Anticoagulant Pharmacist

- Since the appointment of an additional anticoagulant pharmacist in mid-2012, the role of the pharmacist in POA clinics has increased
- Available by bleep and email for advice
- Meets the POA nurses several times a week to review patients’ who require bridging and advice on when to stop a DOAC
- Can offer advice on patients where the decision on bridging is unclear, using the existing guidelines
Role of the Consultant Haematologist

- No longer required to routinely prescribe bridging – this role is now the pharmacist’s
- Point of contact for the pharmacist if further advice or clarification is required
- Involved in guideline development and is influential when engaging other teams to comply with guidelines
Trust-wide Service

- With the expansion of the POA clinics and the bowel screening programme, the anticoagulant team are available to these clinics throughout the Trust.
- The bridging prescription is prepared and can be collected by the patient at the most convenient hospital site. The POA nurses organise administration of enoxaparin, either with the patient self-injecting, calling at their local treatment room or organising District Nursing if necessary.
The next step...DOACs

- A guideline to assist with prescribing DOACs in the peri-operative period is currently in draft form.
- There is limited data on the use of DOACs around surgery but more is emerging as time goes on.
- Difficulties encountered have included limited data, e.g., in the area of dentistry and with regards to spinal anaesthesia.
Accessibility to Guidelines

- All polices and procedures are on the intranet SharePoint for ease of access
Example of a Pre-op Case

- Patient undergoing Right Partial Parotidectomy – high bleeding risk
- Previous PE – classed as a high risk patient by surgeon
- Pharmacist contacted by email – advised that no bridging required as PE more than 3 months ago, to stop warfarin 5 days pre-op
Example of a Pre-op Case

- Patient undergoing urology procedure
- History of recurrent DVT, target INR of 3.5 – so high risk patient
- Weight 136kg
- Based on Trust guidelines for patients over 120kg, enoxaparin prescribed at 0.75mg/kg twice daily so 100mg enoxaparin twice daily with 100mg in the morning the day before procedure, warfarin stopped 5 days pre-op.