

## RISK STRATIFICATION AND RECOMMENDATONS FOR BRIDGE THERAPY IN PATIENTS ON WARFARIN

Risk Stratum and Recommendations for Use of Bridge Therapy	Indication for Anticoagulant Therapy			
	Venous Thromboembolism	Atrial Fibrillation	Mechanical Heart Valve	Low Ejection Fraction with Normal Sinus Rhythm
from Peri-operative managemen Antithrombotic Therapy and Pre Edition. American College of Ci Clinical Practice Guidelines. <i>Ch</i> e350s.	vention of Thrombosis, 9 <sup>th</sup> nest Physicians Evidence Based est 2012; 141 (suppl 2): e326s –	from 2017 ACC Expert Consensus Decision Pathway for Peri- Procedural Management of Anticoagulation in Patients with Non-Valvular AF. JACC 2017;69:	from 2014 AHA/ACC Guideline for the Management of Patients with Valvular Heart Disease. JACC 2014: 63:e57-e185:	from UWMedicine Division of Cardiology
HIGH RISK  Recommendation:  Use bridging (Grade 2C)	recent (within 3 months) VTE      history of VTE or recurrent VTE in the setting of severe thrombophilia (e.g., protein C or S deficiency, antithrombin deficiency, antiphospholipid antibodies, homozygous factor V Leiden, or multiple abnormalities)	CHA₂DS₂-VASc score of ≥ 7     OR     prior stroke/TIA or systemic embolism within 3 months      Consider delaying procedure beyond 3 months if prior stroke/TIA or systemic embolism within 3 months.      Do not bridge if at increased risk of bleeding due to major bleed/ICH < 3 months ago	any mitral valve prosthesis     any tricuspid valve prosthesis     older (caged-ball or tilting disc) aortic valve prosthesis     bileaflet aortic valve prosthesis and any additional risk factor for stroke or thromboembolism (atrial fibrillation, prior stroke/TIA or thromboembolism, known hypercoagulable condition, LV dysfunction)	mural thrombus present on echo     documented mural thrombus in the past 3 months     recent (within 3 months stroke or transient ischemic attack
RISK MODERATE  Recommendation:  Determine bridging vs not bridging based on assessment of individual patient and surgery-related factors (Not Graded)	Note: cancer (treated within 6 months or palliative)  Note: consider VTE prophylaxis rather than full intensity bridge therapy in these situations and is associated with a lower risk of bleeding	CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 5-6     OR     prior stroke/TIA or systemic embolism > 3 months ago      Do not bridge if there is no history of prior stroke/TIA or systemic embolism      Do not bridge if at increased risk of bleeding due to major bleed/ICH < 3 months ago; platelet abnormality including aspirin use; INR above therapeutic range; prior bleed from previous bridging		history of cardioembolic stroke or transient ischemic attack     history of mural thrombus with persistent risk factors (apical akinesis, LV aneurysm, dilated LV)
LOW RISK  Recommendation:  Do not use bridging (Grade 2C)	single VTE occurred greater than 12 months ago and no other risk factors	CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 1-4     AND     no prior stroke/TIA or systemic embolism	bileaflet aortic valve prosthesis without atrial fibrillation and with no other risk factors for stroke or thromboembolism	no history of mural thrombus