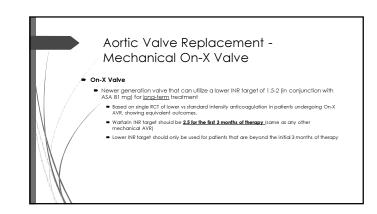
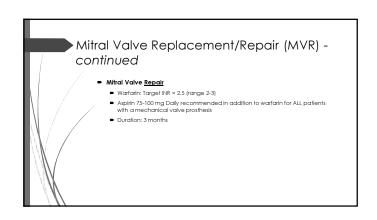
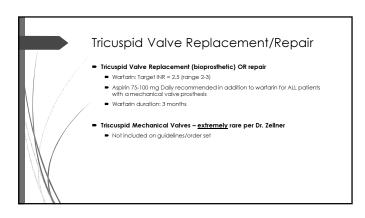


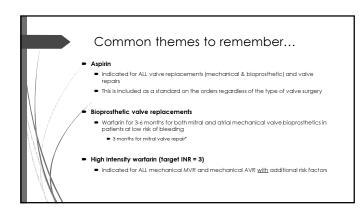
Aortic Valve Replacement (AVR) continued - Bioprosthetic AVR - Warfain: Target INR = 2.5 (range 2.3) - Aspirin 75-100 mg Daily recommended in addition to warfarin for ALL patients with a mechanical valve prosthesis - Warfain duration: for at least 3 months and as long as 6 months after surgical bioprosthetic NVR in patients at low risk of bleeding - Stroke risk and mortality rate are lower in patients who receive anticoagulation for up to 6 months after bioprosthetic AVR. Warfain decreases risk of thromboembolism until the prosthetic valve is fully endotheticalized.



Mitral Valve Replacement/Repair Mechanical Mitral Valve Replacement Warfarin: Target INR = 3 (range 2.5-3.5) Aspirin 75-100 mg Daily recommended in addition to warfarin for ALL patients with a mechanical valve prosthesis Duration: indefinite Bioprosthetic Mitral Valve Replacement Warfarin: Target INR = 2.5 (range 2.3) Aspirin 75-100 mg Daily recommended in addition to warfarin for ALL patients with a mechanical valve prosthesis Warfarin duration: for all lead 3 months, and as long as 6 months after surgical bioprosthetic MVR in patients at low risks of bleeding Stoke risk and mortality rate are lower in patients who receive anticoagulation for up to 6 months after is and the ladded of the patients who receive anticoagulation for up to 6 months after is and the ladded. Warfarin duration: Variation decreases risk of thromboemballism until the pratifiests valve is fully endothelalized.







Bridge Therapy for mechanical valve replacements Bridge Therapy with UFH for new mechanical valve replacements Bridge Therapy with UFH for new mechanical valve replacements Discussed with both surgeons and cardiologists Decision made to NOT make this a standard but an option to be used at the surgeon or cardiologists discretion -) included as checkbox option on orders Decision to bridge with UFH must be balanced with risk for postoperative bleeding Bridge Therapy for patients requiring invasive or surgical procedures The accompose on an individualized bosts, with the risks of bleeding weighed against the benefits of thromboembolism prevention, for patients who are undergoing invasive or surgical procedures with (1) mechanical AVR and any thromboembolic fisk factor, (2) older generation mechanical AVR, or (3) mechanical AVR and any thromboembolism of patients needing temporary interruption of VKA. This of bridging in AF patients who mechanical valves have shown higher bleeding risk without increased incidence of thomboembolic events. Strength or Recommendation AND Level of Evidence lowered for this recommendation

