

Proposed Anticoagulation Guidelines for CHI Memorial

1. Mechanical AVR Class I
 - a. INR goal 2.5
 - b. INR goal 3.0 if additional risk factors
 - i. Atrial fibrillation
 - ii. Previous thromboembolism
 - iii. LV dysfunction
 - iv. Hypercoagulable conditions
 - c. 2014 Guidelines
 2. Mechanical MVR Class I
 - a. INR goal 3.0
 - b. 2014 Guidelines
 3. ASA Class I
 - a. ASA 75-100 mg recommended in addition to OAC for mechanical valve
 - b. 2017 Guidelines
 4. ASA for all patients with a bioprosthetic aortic or mitral valve
 - a. IIa
 5. MVR or AVR with bioprosthetic
 - a. Low risk of bleeding
 - b. OAC "is reasonable for at least 3 months and for as long as 6 months after surgical bioprosthetic MVR or AVR in patients at low risk of bleeding"
 - c. IIa, LOEB-NR
 - d. 2017 updates, p. 26
 6. MVR with a bioprosthetic MVR or repair Class IIa
 - a. OAC for first 3 months with INR goal 2.5
 - b. 2014 Guidelines page e582
 7. MR repair IIa
 - a. OAC for the first 3 months
 - b. ESC 2012
 8. After Maze
 9. Initiation of warfarin post-op
 - a. Start after pacing wires are removed (usually day 3 after valve, day after CABG only)
 - i. Can be removed with or without chest tubes
 10. Avoid NOACs post sternotomy/thoracotomy due to risk of pericardial hemorrhage
 11. References
 - a. 2014 guidelines: Circulation 2014;129:e521-e643
 - b. 2017 Focused update: Circulation and JACC March 2017
 - c. European Heart Journal 2012;33:2451-2496
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