

Elective endoscopy in patients on anticoagulants and antiplatelet agents

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Endoscopic procedures vary in their potential to produce significant or uncontrolled bleeding. Diagnostic oesophagogas troduodenoscopy (OGD), colonoscopy , enteroscopy , diagnostic EUS and endoscopic retrograde cholangiopancreatography (ERCP) without sphincterotomy are considered low risk, as is mucosal biopsy . High-risk procedures include polypectomy , endoscopic sphincterotomy , stent placement and procedures with the potential to produce bleeding that is inaccessible or uncontrollable by endoscopic means, such as dilatation of benign or malignant strictures, percutaneous gastrostomy insertion and EUS-guided fine-needle aspiration. Likewise, the probability of a thromboembolic complication during Wenzel Treitz , 1819–1872, Professor of Pathology , Prague, Czech Republic. depends on the underlying medical condition (Table 9.3). -

TABLE 9.3 The risk of a thromboembolic event varies according to the underlying medical condition.

Condition	Risk
Atrial /f_i brillation with valvular heart disease	High Mechanical mitral valve
High Mechanical valve and previous thromboembolic event	High Deep vein thrombosis
Low Uncomplicated atrial /f_i brillation	Low Bioprosthetic valve
Low Mechanical aortic valve	Low

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