

Urgent endoscopy for gastrointestinal bleeding in the anticoagulated patient

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The risk of clinically significant gastrointestinal bleeding in patients on warfarin is increased, particularly in patients with a past history of similar events, if the international normalised ratio (INR) is above the therapeutic range or if the patient is taking concomitant aspirin/non-steroidal anti-inflammatory drugs (NSAIDs). In these situations, the risk of reversing the anticoagulation must be weighed against the risk of ongoing haemorrhage. If complete reversal is not appropriate, correction of the INR to approximately 1.5 is usually sufficient to allow endoscopic diagnosis and therapy. Anticoagulation can often be resumed 24 hours after successful endoscopic therapy (Figure 9.2).

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