Patient information factsheet

Warfarin, aspirin, dipyridamole (persantin) and clopidogrel (Plavix)

What are warfarin, aspirin, dipyridamole and clopidogrel?

Warfarin, aspirin, dipyridamole and clopidogrel are medicines, which are used to thin the blood and reduce the risk of serious medical conditions such as heart attack or stroke. They are also prescribed for patients who have an artificial heart valve to prevent blood clots forming on the new valve.

What effect do these medicines have?

If you are taking any of these tablets then bleeding may take longer than normal to stop after a cut and you may bruise more easily. Normally these side effects may not matter very much, but they can cause problems during and after eyelid or tear drainage surgery.

What should I do with my warfarin / aspirin / dipyridamole / clopidogrel if I am due to have surgery?

The doctor will decide whether, on balance, it is safer for you to stop or to continue with your medicine. This will depend on several factors including the type and complexity of the surgery you are due to have and the reasons why you are on the medicine. **If the doctor wishes you to stop taking these medicines then you will be told this when you are put on the waiting list or prior to surgery.**

What should I do if I take aspirin, dipyridamole or clopidogrel?

If you are advised to alter your aspirin, dipyridamole or clopidogrel medication:
- Stop taking the tablets 10 days before your operation
- Start taking the normal dose again the day after your operation

What happens if I forget to stop taking my aspirin, dipyridamole or clopidogrel?

If you forget to stop the tablets we may not be able to do the operation because of the risk of bleeding. In this situation another date for surgery will need to be arranged.

What should I do if I take warfarin?

If you are advised to alter your warfarin medication:
- Be sure to have your INR (International Normalised Ratio) blood test done no more than one week before the operation to ensure it is within your usual range.
- You will need to stop taking Warfarin three days before your operation ie. You will need to omit three doses.
- Be sure to bring your yellow book when you come for your operation. If your GP normally keeps your book then ask for a copy of your recent blood test results.
- We often do a further INR blood test on the day of surgery. Your INR should ideally be between 1.5 and 2.0 on the day of surgery.
What happens if I forget to stop taking my warfarin?

If you forget to stop the warfarin then there is a risk of bleeding during and after the surgery. If your INR result on the day of surgery is higher than 2.0, we may not be able to do the operation because of the risk of bleeding. In this situation another date for surgery will need to be arranged.

I have been told that my warfarin will need to be swapped to heparin before the operation. Why is this?

In your INR needs to be kept higher than 2.5 (generally if you have an artificial heart valve) it may be necessary to swap you to heparin before the operation. This is because the effect of warfarin wears off slowly after stopping the tablets. You will stop the warfarin 3-4 days before the operation but there is a risk that your INR will drop too low. To avoid this risk we will start you on intravenous heparin once the INR has dropped to a certain level. The effect of heparin wears off within a few hours and so we can stop the heparin infusion on the morning of surgery and restart it soon after surgery together with the warfarin. We will continue the heparin until the INR reaches a safe level again. This will give you the shortest period of time without blood thinners to allow us to perform the operation. You will be in hospital for 2-3 days before and a similar time after the operation.

Telephone queries to:

- Eye Outpatients 023 8079 8738 (office hours)
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