

**Letter to Prescribing Practitioners of Potential Spine Procedure Patients**

**J. Scott Bainbridge, MD and Drew Trainor, DO, MS**

[www.DenverBackPainSpecialists.com](http://www.DenverBackPainSpecialists.com)

Phone: 303-327-5511

Fax: 303-327-5512

Your patient, \_\_\_\_\_, is being considered for a possible interventional spine procedure. They are undergoing \_\_\_\_\_ and the procedure is classified in the \_\_\_\_\_ risk category.

The decision of whether to stop taking the blood thinner before a procedure is complex. The factors to be considered include the risk of the procedure being performed vs. the risk of coming off the medication for the recommended time frame. **It is sometimes riskier to hold the anticoagulants than to do the procedure while taking them.**<sup>1, 2</sup>

**PATIENTS SHOULD NOT TAKE THEMSELVES OFF ANTICOAGULANT MEDICATION WITHOUT DIRECTION FROM THEIR PRESCRIBING DOCTOR/PRACTITIONER.**

Dr. Bainbridge and Dr. Trainor have used a combination of the recommendations from the Spine Intervention Society<sup>3</sup> and American Society of Regional Anesthesia and Pain Medicine (ASRA)<sup>4</sup>, as well as related clinical research publications<sup>1, 2</sup> to stratify the spinal procedures into risk categories. We ask that the prescriber also consider the cardiovascular risk category of the patient. In order to help with this decision making process, we have made available for your review the procedure risk categories (ANTICOAGULATION AND SPINE PROCEDURES), as well as the ASRA "Summary of Peri-procedural Management of Anticoagulants and Antiplatelet Medications." These can also be found on our web site at:

<https://www.denverbackpainspecialists.com/patient-resources/injection-information/>

As the prescribing provider, I recommend that:

- A. The patient should not be taken off their anticoagulant or antiplatelet medication.
- B. Their anticoagulant or antiplatelet medication may be held for the duration noted in the "Summary of Peri-procedural Management..." noted above.
- C. The medication, \_\_\_\_\_, be held for \_\_\_\_\_ hours/days and that a bridge schedule with \_\_\_\_\_ be prescribed as such:

\_\_\_\_\_  
Signature: \_\_\_\_\_ Name: \_\_\_\_\_

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1. Endres S, Shufelt A, Bogduk N. The Risks of Continuing or Discontinuing Anticoagulants for Patients Undergoing Common Interventional Pain Procedures. *Pain Med.* 2017;18(3):403-409.
2. Manchikanti L, Falco FJ, Benyamin RM, Caraway DL, Kaye AD, Helm S, 2nd, Wargo BW, Hansen H, Parr AT, Singh V, Swicegood JR, Smith HS, Schultz DM, Malla Y, Hirsch JA. Assessment of bleeding risk of interventional techniques: a best evidence synthesis of practice patterns and perioperative management of anticoagulant and antithrombotic therapy. *Pain Physician.* 2013;16(2 Suppl):SE261-318.
3. Bogduk N, International Spine Intervention Society. *Practice guidelines for spinal diagnostic and treatment procedures.* Second edition. ed. San Francisco: International Spine Intervention Society; 2013.
4. Narouze S, Benzon HT, Provenzano DA, Buvanendran A, De Andres J, Deer TR, Rauck R, Huntoon MA. Interventional spine and pain procedures in patients on antiplatelet and anticoagulant medications: guidelines from the American Society of Regional Anesthesia and Pain Medicine, the European Society of Regional Anaesthesia and Pain Therapy, the American Academy of Pain Medicine, the International Neuromodulation Society, the North American Neuromodulation Society, and the World Institute of Pain. *Reg Anesth Pain Med.* 2015;40(3):182-212.