

# **ASIPP antithrombotic guidelines**

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# DISCLAIMER

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- 
- Section editor for *Pain Physician* journal
  - Editorial board of *Pain Medicine Case Reports*
- 
- No outside funding, grants or industrial support for this presentation
  - No conflicts of interest

# Guidelines Usage Disclaimer

These guidelines are based on the best available evidence and do not constitute inflexible treatment recommendations. Due to the changing body of evidence, this document is not intended to be a “standard of care.” Users are solely responsible for any decisions made with usage of this App.

# App Overview



Converted ASIPP guidelines (antithrombotic and anticoagulants guidelines) to a reference app



Quicker method of getting necessary guidelines instead of going through the whole guidelines document

# ASIPP GUIDELINES FOR THE APP

## Anticoagulants and Antithrombotics Guidelines.pdf

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### Guidelines

#### Responsible, Safe, and Effective Use of Antithrombotics and Anticoagulants in Patients Undergoing Interventional Techniques: American Society of Interventional Pain Physicians (ASIPP) Guidelines

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Interventional Pain Physicians

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Free full manuscript:  
www.painphysicianjournal.com

**Background:** Interventional pain management involves diagnosis and treatment of chronic pain. This specialty utilizes minimally invasive procedures to target therapeutics to the central nervous system and the spinal column. A subset of patients encountered in interventional pain are medicated using anticoagulant or antithrombotic drugs to mitigate thrombosis risk. Since these drugs target the clotting system, bleeding risk is a consideration accompanying interventional procedures. Importantly, discontinuation of anticoagulant or antithrombotic drugs exposes underlying thrombosis risk, which can lead to significant morbidity and mortality especially in those with coronary artery or cerebrovascular disease. This review summarizes the literature and provides guidelines based on best evidence for patients receiving anti-clotting therapy during interventional pain procedures.

**Study Design:** Best evidence synthesis.

**Objective:** To provide a current and concise appraisal of the literature regarding an assessment of the bleeding risk during interventional techniques for patients taking anticoagulant and/or antithrombotic medications.

**Methods:** A review of the available literature published on bleeding risk during interventional pain procedures, practice patterns and perioperative management of anticoagulant and antithrombotic therapy was conducted. Data sources included relevant literature identified through searches of EMBASE and PubMed from 1966 through August 2018 and manual searches of the bibliographies of known primary and review articles.

#### Results:

1. There is good evidence for risk stratification by categorizing multiple interventional techniques into low-risk, moderate-risk, and high-risk. Also, their risk should be up-graded based on other risk factors.
2. There is good evidence for the risk of thromboembolic events in patients who interrupt antithrombotic therapy.
3. There is good evidence supporting discontinuation of low dose aspirin for high risk and moderate risk procedures for at least 3 days, and there is moderate evidence that these may be continued for low risk or some intermediate risk procedures.

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## Epidural Guidelines.pdf

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### Epidural Guidelines

#### Epidural Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Comprehensive Evidence-Based Guidelines

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pp. S163-S167

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**Background:** Chronic spinal pain is the most prevalent chronic disease with employment of multiple modes of interventional techniques including epidural interventions. Multiple randomized controlled trials (RCTs), observational studies, systematic reviews, and guidelines have been published. The recent review of the utilization patterns and expenditures show that there has been a decline in utilization of epidural injections with decrease in inflation adjusted costs from 2009 to 2018. The American Society of Interventional Pain Physicians (ASIPP) published guidelines for interventional techniques in 2013, and guidelines for facet joint interventions in 2020. Consequently, these guidelines have been prepared to update previously existing guidelines.

**Objective:** To provide evidence-based guidance in performing therapeutic epidural procedures, including caudal, interlaminar in lumbar, cervical, and thoracic spinal regions, transforaminal in lumbar spine, and percutaneous adhesiolysis in the lumbar spine.

**Methods:** The methodology utilized included the development of objective and key questions with utilization of trustworthy standards. The literature pertaining to all aspects of epidural interventions was viewed with best evidence synthesis of available literature and recommendations were provided.

**Results:** In preparation of the guidelines, extensive literature review was performed. In addition to review of multiple manuscripts in reference to utilization, expenditures, anatomical and pathophysiological considerations, pharmacological and harmful effects of drugs and procedures, for evidence synthesis we have included 47 systematic reviews and 43 RCTs covering all epidural interventions to meet the objectives.

The evidence recommendations are as follows:

**Disc herniation:** Based on relevant, high-quality fluoroscopically guided epidural injections, with or without steroids, and results of previous systematic reviews, the **evidence is Level I**

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# App Objectives

Have a search function for drug and procedure

Ability to flag favorite drugs and procedures to speed up search for frequently used ones



Offline functionality to avoid connectivity issues



# UI Walkthrough


[Give Feedback](#)

## ASIPP Antithrombotic Guidelines

Select Drug and Procedure below

 Select Drug 

 Select Procedure 


Show Guideline 

★ View Favorites

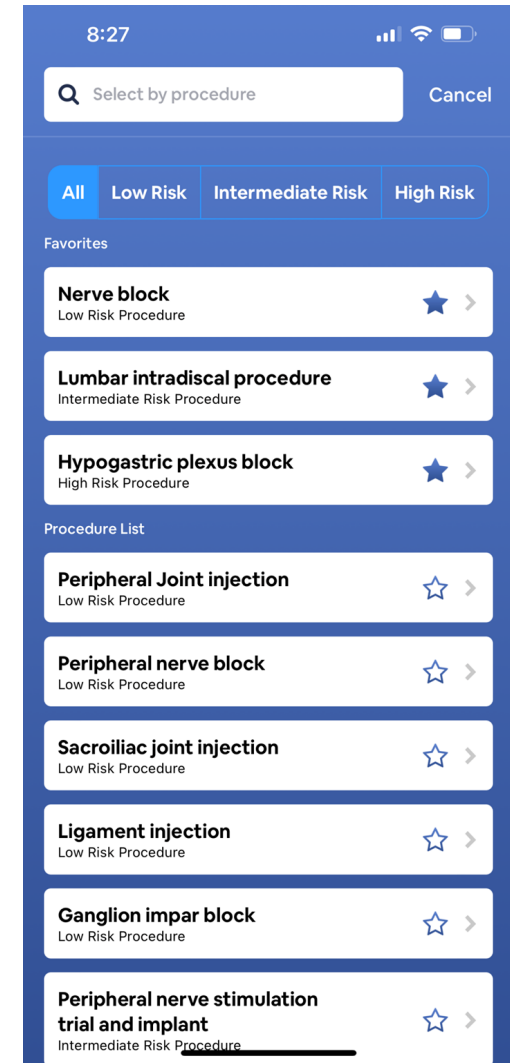
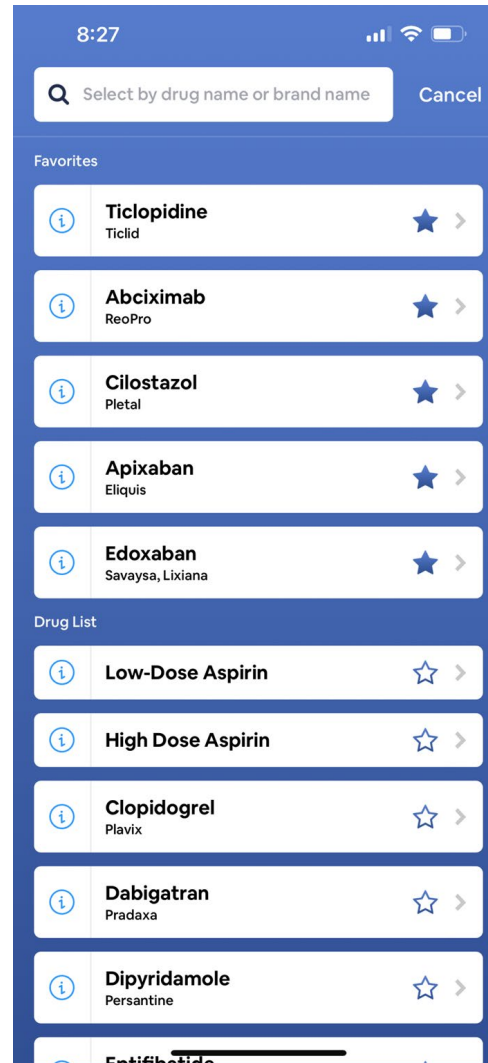
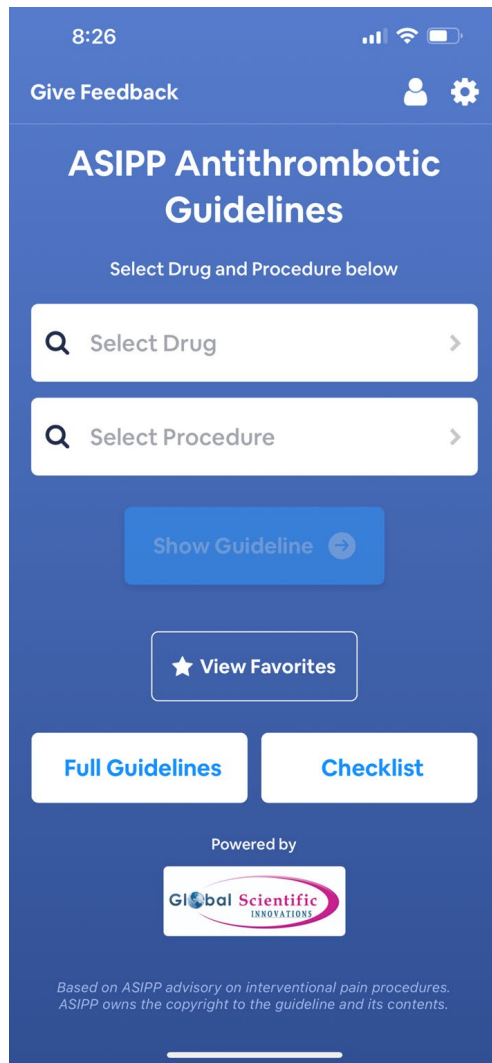
Full Guidelines

Checklist

Powered by



Based on ASIPP advisory on interventional pain procedures.  
ASIPP owns the copyright to the guideline and its contents.




# UI Walkthrough





# UI Walkthrough


Cancel

### Favorites






**Ticlopidine**  
Ticlid






**Abciximab**  
ReoPro






**Cilostazol**  
Pletal





**Apixaban**  
Eliquis


 





**Edoxaban**  
Savaysa, Lixiana


 

### Drug List






**Low-Dose Aspirin**






**High Dose Aspirin**






**Clopidogrel**  
Plavix





**Dabigatran**  
Pradaxa

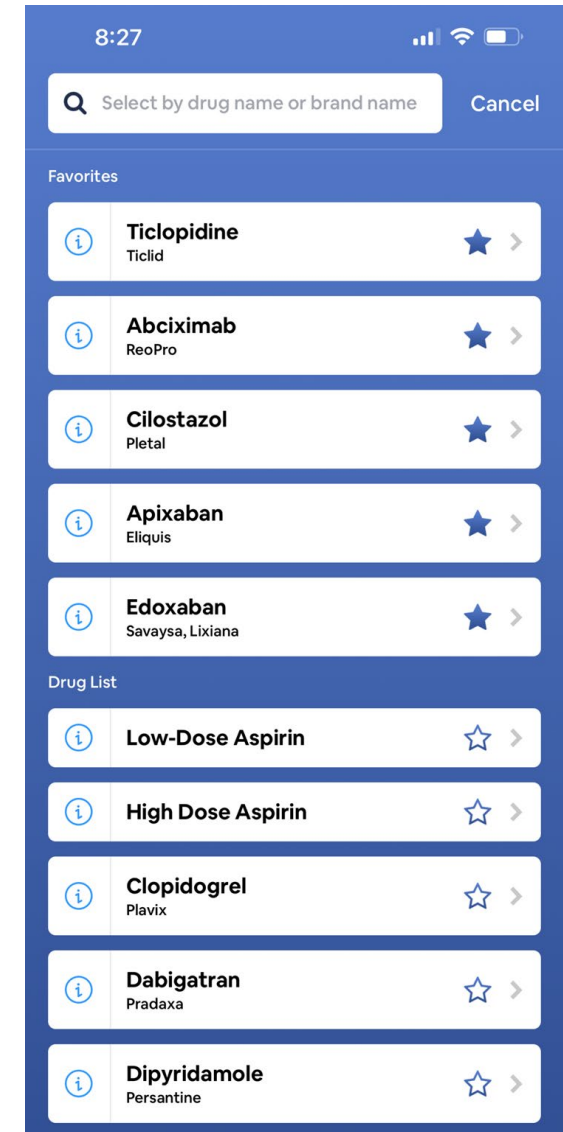
 



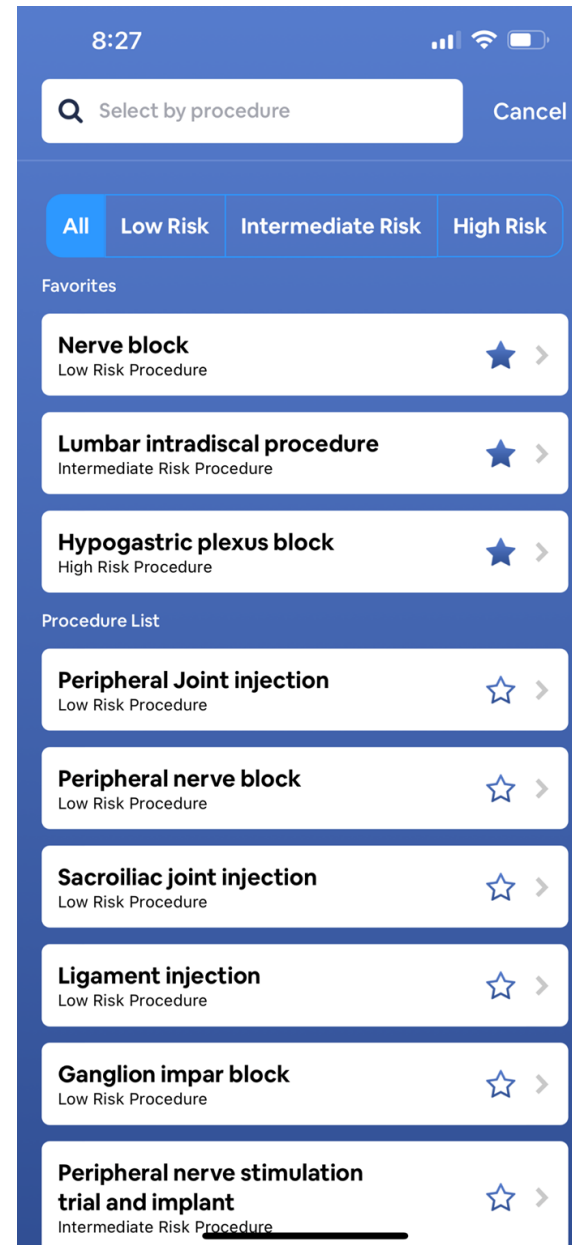
**Dipyridamole**  
Persantine

# UI Walkthrough



# UI Walkthrough



# UI Walkthrough

Guideline Restart

Drug: Apixaban  
Procedure: Nerve block

Suspected high risk of bleeding? ⓘ

Yes No

↓

**Hold Before Procedure?**  
May continue or stop for 2 days

**Restart After Procedure?**  
24 hours

View Procedure for Reversal?

Yes No

Drug Summary Full Guideline

8:27

Guideline Restart

Drug: Apixaban  
Procedure: Nerve block

Suspected high risk of bleeding? ⓘ

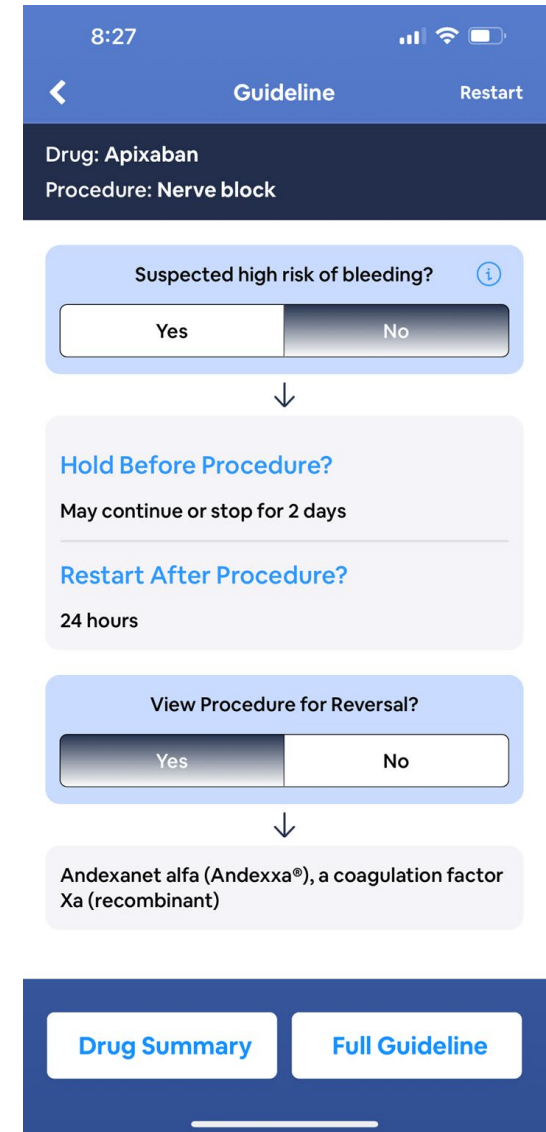
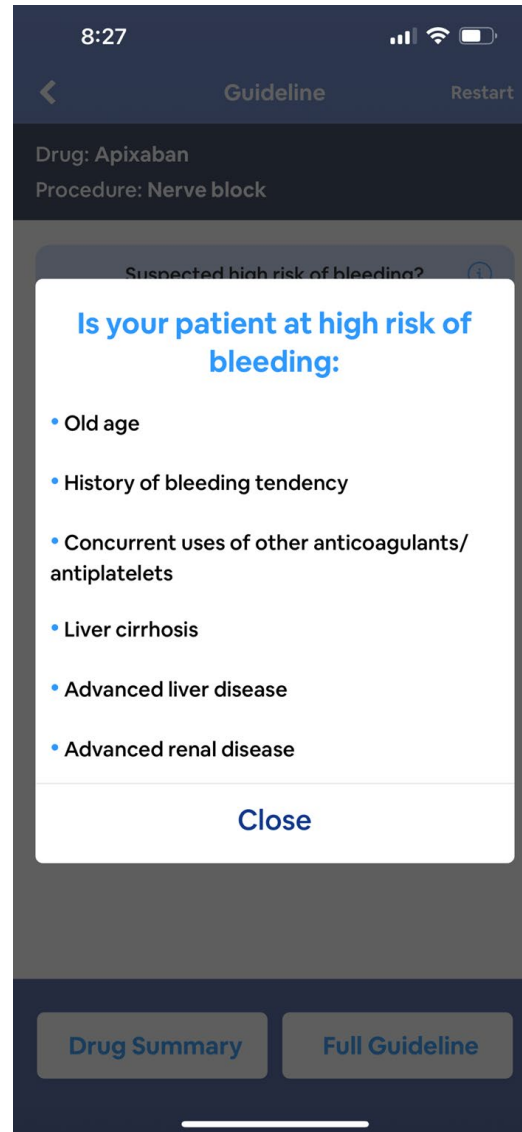
**Is your patient at high risk of bleeding:**

- Old age
- History of bleeding tendency
- Concurrent uses of other anticoagulants/ antiplatelets
- Liver cirrhosis
- Advanced liver disease
- Advanced renal disease

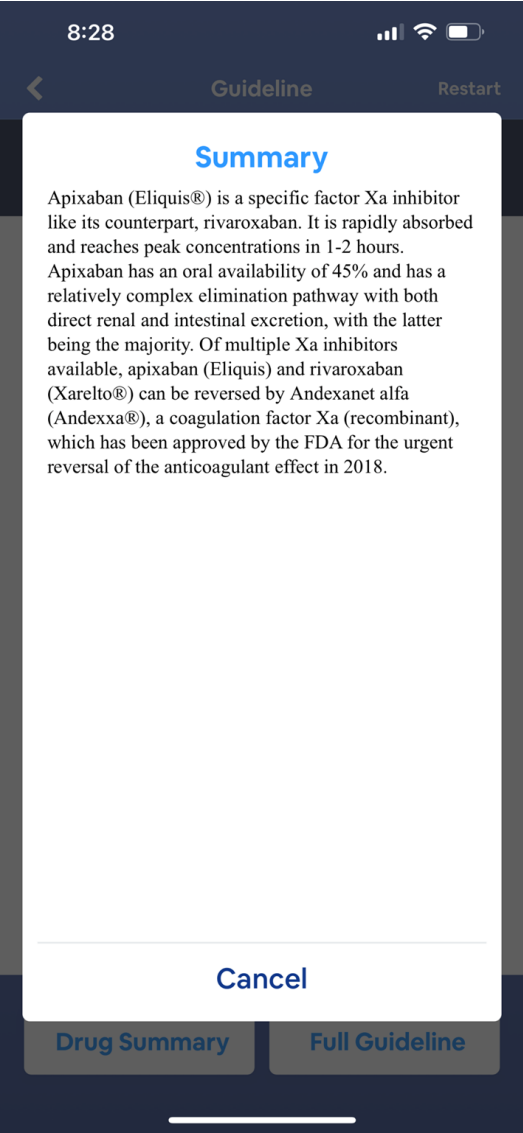
Close

Drug Summary Full Guideline

# UI Walkthrough



# UI Walkthrough





# Admin Portal

## View Drug



Drug Name

Edoxaban

Added On

02 November, 2021

Status

[Enable](#)

Brand Name

Savaysa, Lixiana

Low Risk Guideline

May continue or stop for 1 d  
ays

Moderate Risk Guideline

Stop for 3 days

High Risk Guideline

Stop for 3 days

Restart After Procedure

24 hours

Procedure For Reversal

4-factor PCC

### Summary

Edoxaban (Savaysa® or Lixiana®) was approved for the prevention of venous thromboembolisms following lower limb orthopedic surgery in 2011 and is an oral direct factor Xa inhibitor that inhibits free factor A and prothrombinase activity. It has also been approved for the prevention of stroke and systemic embolism. Peak plasma concentrations are reached 1.5 hours after oral administration, and it has an elimination half-life of 10-14 hours when taken at 60mg once daily. It is excreted via both h

DISABLE DRUG

EDIT DRUG

# Availability (iOS and Android)



**Google Play Store (Android)**



**Apple App Store**





Thank you!