

Antiplatelet Medication Management within the Bowel Cancer Screening Programme (BCS-043)

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan/Mr S P Lake	Bowel Cancer & Bowel Scope Screening Manager/BCSP Screening Director
Approved by:	Bowel Screening Operational Meeting	
Date of Approval:	9 th October 2024	
Date of review: This is the most current document and should be used until a revised version is in place	9 th October 2027	

Key Amendments

Date	Amendment	Approved by
May 2023	Document reviewed and amended. Split from Anticoagulation policy WAHT-BCS-037	Wendy Bland/Avril Turley
July 2024	Amendment as per BSG update about antiplatelet guidelines DOACs- Removal of Hours and replaced with number of days	Laura Meek/Avril Turley
4 th September, 2024	As per BSG Addendum to BSG/ESGE Endoscopy in patients on antiplatelet or anticoagulant therapy guideline 2021 - recommendation that all patients on anticoagulants alone with a history of prior coronary stents must either be switched to aspirin (provided there are no contraindications) or discussed with an interventional cardiology consultant first. Approved at Directorate Meeting	Endoscopy Directorate Meeting
9 th October, 2024	As above. Approved at MSC	Medicines Safety Committee

INTRODUCTION

This guideline refers to Bowel Cancer Screening subjects prescribed Antiplatelet Medications.

THIS GUIDELINE IS FOR USE BY:

- Specialist Screening Practitioners (SSP's)
- BCSP Screening Colonoscopists

FIT Positive

Specialist Screening Practitioners (SSP's) undertake suitability assessment, including establishing whether the individual is prescribed Antiplatelet medications.

When managing Antiplatelet medications, consideration is afforded to clinical indication along with patient preference. Risk of potential thromboembolic events may be unacceptable even if that risk is very low.

Drug specific instructions prompt SSP's to alert patients to associated risks of temporarily ceasing medications.

Management of Antiplatelet therapy is provided in verbal and written format.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**Patients taking P2Y12 Receptor Antagonist Antiplatelet Agents:
(Clopidogrel, Prasugrel, Ticagrelor)**

Refer to the Local Trust BCSP guidelines for the management of patients on P2Y12 Receptor Antagonist together with guidelines for the management of antiplatelet therapy in patients undergoing Endoscopic procedures and ascertain diagnosis of a High Risk or Low Risk condition.

Low Risk conditions:

- Ischaemic heart disease without coronary stent(s)
 - Cerebrovascular disease
 - Peripheral vascular disease
1. Clopidogrel, Prasugrel or Ticagrelor should be stopped 7 days prior to colonoscopy.
 2. Aspirin should be continued (discuss with Colonoscopists EMR >2cm).
(A three-fold increased risk of cardiovascular or cerebrovascular events is associated with Aspirin interruption when prescribed for secondary prevention).
 3. Inform subject and GP of management plan providing verbal and written instructions (BCSS Patient letter/GP Copy).
 4. SSP confirms with the Screening Colonoscopist post procedure instructions for recommencement of Antiplatelet Medications 1-2 days post procedure, and document (BCSS/Colonoscopy report).

Care must be taken in any patients with a prior history of having coronary stents. We would encourage discussion with a consultant interventional cardiologist in patients in whom interruption of either antiplatelet or anticoagulants are being considered.

High Risk conditions:

- Arterial events <3 months – Seek advice
- Coronary artery stents - **Seek Cardiology Advice**

Consider temporary cessation of P2Y12 receptor antagonist with appropriate cover if:
6-12 months after insertion of drug-eluting coronary stent
>1 month after insertion of bare metal coronary stent
Continue Aspirin

DO NOT stop clopidogrel, prasugrel, ticagrelor unless advice sought to do so for a high risk procedure.

1. Document Cardiology/Colonoscopists Clinical review outcome (BCSS).
2. Establish agreed management plan i.e. Diagnostic Colonoscopy/CT Colonography and document BCSS.
3. Discuss and agree established plan for screening with Subject and provide verbal and written instructions (Patient Letter/GP Copy) and document BCSS.

The risk of stent thrombosis increases after 7 days without antiplatelet therapy, therefore temporary cessation should be limited to this interval whenever possible.

Patients prescribed P2Y12 Receptor antagonist antiplatelet agents undergoing Endoscopic procedures should be appropriately counselled regarding increased bleeding risk and receive appropriate advice regarding when to seek help.

References

Crowther 2016 BCSP Local Guideline for the management of patient on P2Y12 antagonist and patients who are taking warfarin or direct oral anticoagulants (DOAC)

Keith Hinton 2013 WAHT-ANA-014 - Nil by Mouth and Peri-operative medicines use guideline. (See Worcestershire Acute Hospitals Trust Intranet via document finder).

Veitch et al. BSG 2016 Endoscopy in patients on antiplatelet or anticoagulant therapy, including direct oral anticoagulants: British Society of Gastroenterology (BSG) and European Society of Gastrointestinal Endoscopy (ESGE) Guidelines.

Woodhouse C, Evans G, Muller A, 2013 The new oral anticoagulants: practical management for patients attending for endoscopic procedures. **British Medical Journal; Frontline Gastroenterology 2013; 4:213 – 218.**

WHAT-HAE-002 - Guideline of Management of patients taking Dabigatran or Rivaroxaban who have bleeding or require surgery. (See Worcestershire Acute Hospitals Trust Intranet via document finder).

Addendum to BSG/ESGE Endoscopy in patients on antiplatelet or anticoagulant therapy guideline 2021
Access via: <https://www.bsg.org.uk/getmedia/68b5cf32-aa6a-49f7-af56-b85fc5f6a3e9/Addendum-Antiplatelet-03-06-24.pdf>

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Mr S P Lake	BCSP Screening Director
Lorraine McGregor	Specialist Screening Practitioner
Alison Smith	Medicines Safety Officer
Mark Crowther	Consultant Haematologist
Melinda Kemp	Lead BCSP Nurse
Avril Turley	Lead BCSP Nurse
Wendy Bland	Specialist Screening Practitioner

Circulated to the following individuals for comments

Name	Designation
Mr Lake	BCSP Screening Director
Dr Ransford	BCSP Consultant
Avril Turley	Lead BCSP Nurse
Rachel Foley	BCSP Matron
Emma Duggan	BCSP & Bowel Scope Programme Manager
Alison Smith	Medicines Safety Officer
Dr David Davies	Consultant Haematologist
Hannah Chapman	Specialist Screening Practitioner
Paula Smith	Specialist Screening Practitioner
Christine Mosedale	Specialist Screening Practitioner
Laura Meek	Specialist Screening Practitioner
Justine Rich	Specialist Screening Practitioner
Lorraine McGregor	Specialist Screening Practitioner
Rachel Stevenson	Specialist Screening Practitioner
Louise Blakemore	Specialist Screening Practitioner
Wendy Bland	Specialist Screening Practitioner

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mr S P Lake	BCSP Screening Director
Dr Lovegrove	CD Endoscopy
Lynne Mazzocchi	Directorate Manager

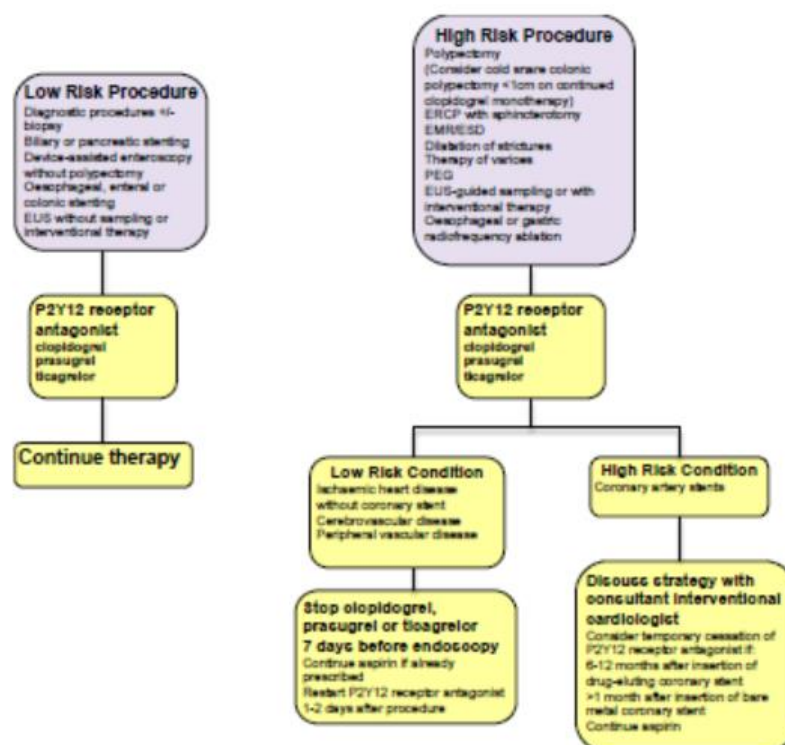
Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Mr S P Lake	BCSP Operational Meeting
Dr Lovegrove	Endoscopy Directorate Meeting

Appendix 1a

Guidelines for the management of patients on P2Y12 receptor antagonist

Figure 1: Guidelines for the management of patients on P2Y12 receptor antagonist antiplatelet agents undergoing endoscopic procedures: 2021 update



(EUS: endoscopic ultrasound, ERCP: endoscopic retrograde cholangiopancreatography, EMR: endoscopic mucosal resection, ESD: endoscopic submucosal dissection, PEG: percutaneous endoscopic gastroenterostomy)

1

Insert Hospital heading

Following on from our telephone conversation, please find details of your Colonoscopy appointment is as follows:

Date:

Location:

Arrival Time:

You have been booked for a Colonoscopy whilst you are taking an antiplatelet medication (Clopidogrel, Prasugrel, Ticagrelor). If you were to continue taking this prior to your procedure there would be a high risk of bleeding should removal of any polyps or biopsies be required. Current evidence tells us that the risk of you temporarily stopping the antiplatelet (insert name of drug) and forming a clot are lower than the risk of you having a bleed from continuing this medication around the time of your colonoscopy. There does however remain a small chance that you may develop one of these complications, though the screening consultant will assess the risks and if we need to change the instructions given we will contact you.

Following the Trust Guidelines for your antiplatelet (insert name of drug), it is proposed that you stop your (insert name of drug) 7 days prior to your scheduled procedure.

You will take your last dose on.....

You will be able to restart your (insert name of drug) with your usual daily dose on the evening of your procedure subject to the procedure outcome and the Colonoscopist advice.

Please ensure you have someone to collect you and to stay with you for 24 hours.

If you would like to discuss any aspect of the appointment, please do not hesitate to contact the screening centre on the above telephone number.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	SSP to complete positive assessment clinic appointment, using the BCSP colonoscopy assessment dataset form on BCSS.	<p>SSP to check patient has followed instructed guideline, phone call to patient.</p> <p>At colonoscopy SSP checks patient has complied with guideline process.</p> <p>Obtain further advice, if necessary, from the GP, Consultant or Screening Colonoscopist or Anticoagulant CNS. Using the Guidelines for the management of anticoagulant and antiplatelet therapy in patients undergoing endoscopic procedures (Veitch et al. BSG 2008). Assess whether the patient has a high risk or low risk condition. At colonoscopy SSP checks patient has complied with guideline process. In new anticoagulation drugs refer to Guideline for Nil by mouth and Peri-operative Medicines Use and seek BCSP consultant advice</p>	Following SSP clinic, patient follow up telephone calls. At colonoscopy.	SSP's, Screening Colonoscopists,	At SSP Assessment Clinic, At Colonoscopy Lists.	Every time a patient is identified as taking warfarin.