

Gastro Services & Facilities

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TO TREATING DOCTOR
RE: ANTICOAGULANT MEDICATION AND COLONOSCOPY

REPLY EMAIL: EEC.nurse@easternendo.com

Date

Dear Dr,

Re: COLONOSCOPY FOR Name:

Date of Birth:

on/...../.....at(Location of Hospital)

It is a policy of **Gastro Services & Facilities** that all colonoscopy patients on **Dabigatran** (Pradaxa), **Rivaroxaban** (Xarelto), **Apixaban** (Eliquis) medication must obtain written advice from their treating doctor with respect to **cessation for 3 days prior** to the colonoscopy, or continuation of this medication. If the medication is continued, then a diagnostic colonoscopy will be performed and no polypectomy (if polyps diagnosed) will be undertaken at this time. As the treating doctor, please indicate below your advice re this medication.

PLEASE NOTE IF CLEXANE/LMWH IS USED AS A BRIDGE TO PROCEDURE, IT MUST BE GIVEN IN AN APPROPRIATE THERAPEUTIC DOSE.

Date.....

- I consider it a low and acceptable risk for the patient to cease **Pradaxa / Xarelto / Eliquis** 3 days prior to the colonoscopy procedure.
- The patient has been informed.

OR

- I consider it necessary to continue **Pradaxa / Xarelto / Eliquis** and therefore a diagnostic colonoscopy (no polypectomy) will be performed.
- The patient has been informed.

Signed

Dr's Name (please print)