

MEDICAL ASSOCIATES OF NORTH GEORGIA

Pain Clinic Director:

Steven M. Lobel, MD

Board Certified:

PM&R and Pain Medicine

Program Director:

Medical Associates

Pain Medicine Fellowship

Specializing in Interventional Spine and Sports Medicine

Dear Dr.

We are considering performing a neuraxial Injection (ie: Epidural Injection, Nerve Root block, etc.) on your patient for the management of their pain; however, they are currently on the following anti-coagulation medication (listed below):

The American Society of Regional Anesthesia Guidelines on neuraxial procedures and anti-coagulation indicates that medication should be held as follows:

Coumadin (Warfarin) 5 days prior PT/INR can be checked in office

Clopidogrel (Plavix) 7 days prior We cannot stop if stented in last 12 months

Ticlodipine (Ticlid) 10 days prior

Effient (Prasugrel) 7 days prior

Pradaxa (Dabigatran) 2 – 4 days prior (Depends on CrCl)

Aggrenox 3 days prior, but should take baby aspirin those 3 days

Brilinta (Ticagrelor) 5 day-

Rivaroxaban (Xarelto) 24 hours prior

For Coumadin: While the non-spine related surgical literature suggests a goal INR of 1.5, the neuraxial data shows that epidural hematomas can still occur at that level of anti-coagulation. Therefore, my goal is INR <1.3 prior to any neuraxial procedure.

The patient may remain on Aspirin 81-325mg.

We would like to know if this medication can be held for this procedure? o YES o NO

Could this patient come off medication 2 to 4 times per year as needed? Please note, we do not do a series of injections and would repeat the procedure if effective every 3-6 months. o YES o NO

COMMENTS:

Patient: _____

DOB: _____

Signed by: _____

Date: _____

After completing this form, please fax it back to Medical Associates of North Georgia.