Hip Fracture Surgery Guidance
(Antiplatelets and DOAC’s)

**Antiplatelets**
- Hip fracture surgery should not be delayed due to antiplatelet therapy
- Neuraxial techniques (spinal/epidural) should be avoided in patients taking ADP-receptor antagonists (e.g. clopidogrel / prasugrel / ticagrelor)

**Rivaroxaban/Apixaban/Edoxaban**
- Stop treatment and check renal function
- eGFR > 30 : Proceed to surgery > 24 hours after last dose
- eGFR < 30 : Proceed to surgery > 48 hours after last dose
- If an anticoagulant effect cannot be excluded, neuraxial techniques (spinal/epidural) should be avoided

**Dabigatran**
Excretion is highly dependent on renal function:
- Stop treatment
- Check Thrombin Time (TT) 24 hours after last dose
- Re-check every 12 hours as necessary until TT normalises
- When TT normal, proceed to surgery
- If concern of further delay, consider Idarucizumab (reversal agent) and discuss with haematology (see “Patients receiving dabigatran requiring emergency reversal for surgery or treatment of haemorrhage guideline” for practical advice on reversal process)
- If an anticoagulant effect cannot be excluded, neuraxial techniques (spinal/epidural) should be avoided