

**Coagulation and clotting range - Interventional Radiology – Clinical Guideline**

Reference no.: CG- RAD/2023/001

- Ensure platelets >50
- Omit Clopidogrel for 7 days.
- Omit full treatment dose LMWH for at least 24 hours (but continue low dose DVT prophylaxis dose)
- Stop intravenous heparin for at least 2 hours before patient leaves ward

Low Risk Procedures → INR must be 2.0 or less. Continue Aspirin

- IVC filter insertion
- PICC
- Central line removal
- Drainage catheter exchange (including nephrostomy exchange)
- Aspiration (pleural/ascitic)
- Ascitic drain
- Enteric stent
- Transjugular liver biopsy
- Thrombin injection

Moderate Risk Procedure → INR must be less than 1.5. Continue Aspirin

- Standard angiography (includes stent/ angioplasty /embolization)
- Tunnelled line/port
- Abscess drainage
- Pleural drain
- Biopsy (liver/retroperitoneal/ omental)
- Cholecystostomy
- RIG
- IVC filter retrieval
- Prostate biopsy
- EVAR
- Fistuloplasty

High Risk Procedure → INR must be less than 1.5. Omit Aspirin for 5 days

- TIPSS
- Renal biopsy
- Biliary intervention (new tract)
- Nephrostomy insertion/ureteric stent if new puncture
- PCNL

**For lung biopsy INR  $\leq$  1.3**

**These are guidelines only. Individual risks/benefits for all patients should be considered. If the patient is on novel antiplatelets/anticoagulation please discuss with the interventional team**

Suitable for printing to guide individual patient management but not for storage

Expiry Dec 2026

**Documentation Controls**

Development of Guideline: Peter Thurley

Consultation with:

Approved By: Reviewed no changes  
- Radiology- Dec 23  
Approved CDCS - Dec  
23

Approval date: Dec 2023

Review Date: Dec 2026

Key Contact: Peter Thurley