



BRIDGING ANTICOAGULATION IN PATIENTS WITH ATRIAL FIBRILLATION AFTER A TRANSURETHRAL RESECTION: PATIENT MANAGEMENT IS DONE APPROPRIATELY?

A. Herreros Fernández, E. Urbieta Sanz, P. Fernandez-Villacañas Fernandez, P. Ortiz Fernandez, A.M. Martinez Soto (Spain)

5PSQ-125

B01- ANTITHROMBOTIC AGENTS

• BACKGROUND AND IMPORTANCE

The management of anticoagulation in patients undergoing transurethral resection (TUR) is challenging. A balance between reducing thromboembolism risk and preventing excessive bleeding must be reached. This risk is aggravated in patients treated with anticoagulants.

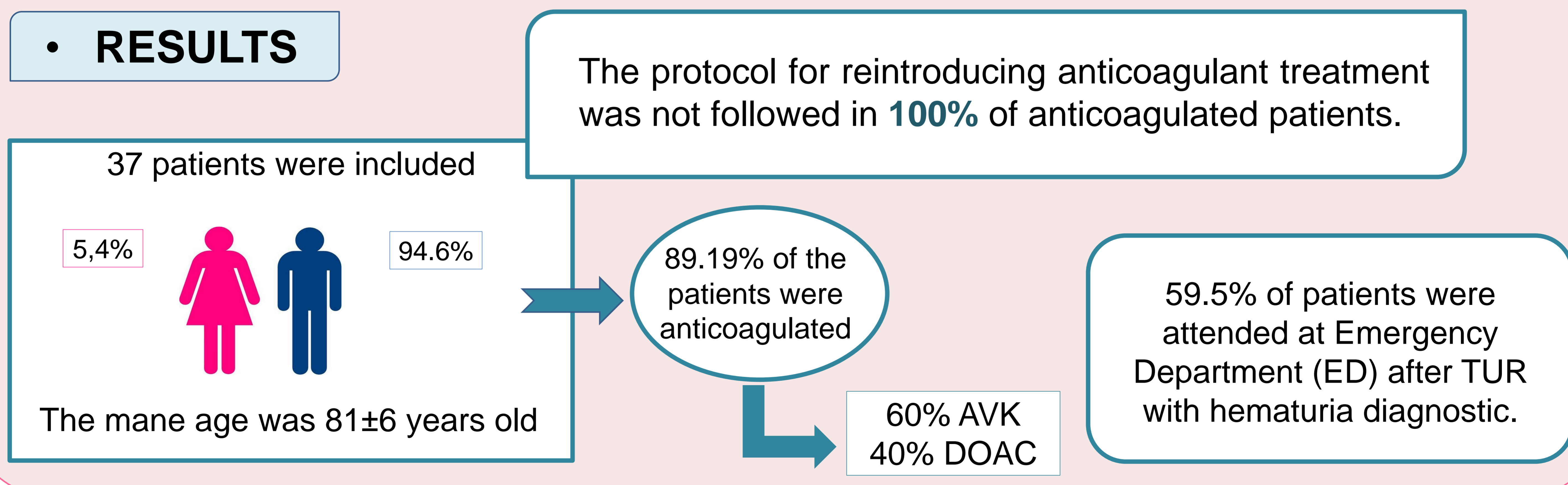
• AIM AND OBJECTIVES

The purpose was to assess the adequacy bridging anticoagulation after TUR in patients treated with direct-acting oral anticoagulants (DOACs) or Vitamin K antagonists (VKAs) to prevent stroke in atrial fibrillation (AF).

• MATERIALS AND METHODS

- *Retrospective observational* study.
- Patients who underwent *TUR with diagnostic of AF* were included.
- Patients *anticoagulation data* (the prescribed drug) were obtained from Minimum Basic Data Set (MBDS).
- The *reintroduction of anticoagulant treatment after TUR* and the rate of *subsequent readmissions due to bleeding* was verified.

• RESULTS



• CONCLUSION AND RELEVANCE

Anticoagulation was not reintroduced as the protocol established in 100% of cases. More than 50% of patients were readmitted in the ED for hematuria. Therefore, our study confirms that appropriate interruption of anticoagulation in the perioperative period is a delicate balancing act between complications of bleeding and thrombosis.