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

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• 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

37 patients were included

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<th>Gender</th>
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<tbody>
<tr>
<td>Female</td>
<td>5.4%</td>
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<tr>
<td>Male</td>
<td>94.6%</td>
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The mane age was 81±6 years old

89.19% of the patients were anticoagulated

60% AVK
40% DOAC

59.5% of patients were attended at Emergency Department (ED) after TUR with hematuria diagnostic.

• 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.