



Blood-thinning medicines before an endoscopy

What you need to know before and after the test

PE-PROC-16

Version 1.0 · Last reviewed October 2026 · Next review October 2028

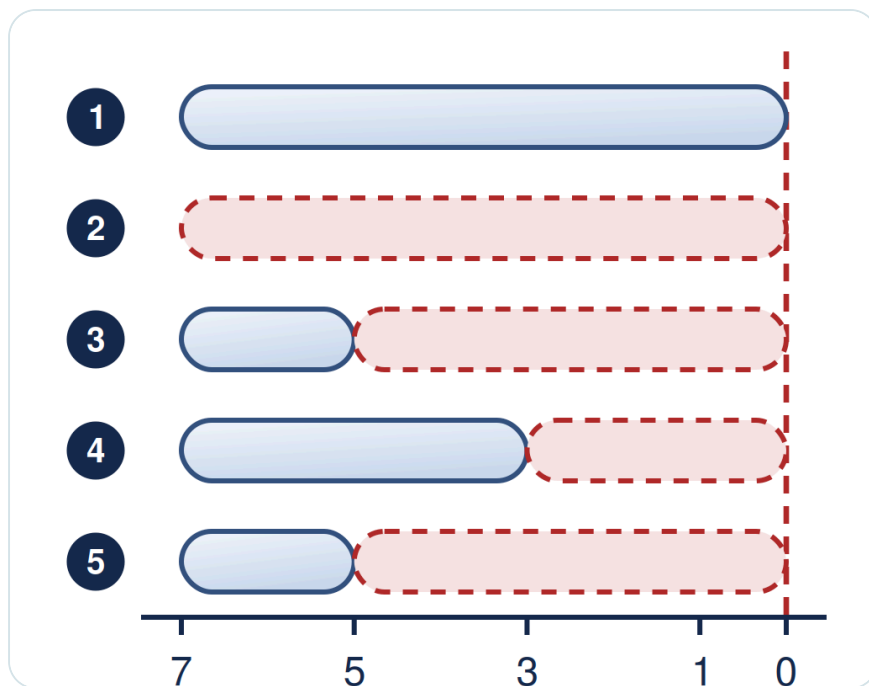
If you take a medicine that thins the blood or stops platelets sticking, we need to plan your test with you. Some of these medicines are continued, some are paused for a set number of days, and some must not be stopped at all without a cardiologist's agreement. Please contact the Endoscopy Unit at least seven days before your appointment.

The most important thing on this sheet

Do not stop a blood-thinning medicine yourself. Stop it only if the endoscopy team has told you to, and only for exactly the number of days written down for you. Stopping it when you have not been told to is more dangerous than the bleeding risk of the test: bleeding after an endoscopy can nearly always be stopped there and then, whereas a stroke can leave lifelong disability and a heart attack can be fatal.

It depends on which test you are having

Tests are grouped by how likely they are to cause bleeding. Lower-risk tests include a gastroscopy or colonoscopy with biopsies, an endoscopic ultrasound without a needle, and putting a stent into the gullet, bowel or bile duct. Higher-risk tests include removing a polyp, ERCP with a cut at the duct opening, endoscopic ultrasound with a needle, placing a feeding tube, stretching a narrowing, and banding varices. Higher-risk tests are the ones that may need a medicine paused.



Days before a higher-risk test. Solid = keep taking it; dotted = the days it is paused. 1 aspirin, usually continued 2 clopidogrel, prasugrel or ticagrelor, 7 days 3 warfarin, 5 days 4 apixaban, rivaroxaban or edoxaban, 3 days 5 dabigatran, 5 days if kidney function is reduced

What usually happens to each medicine

Medicine	What usually happens
Aspirin	Continue it, for both lower- and higher-risk tests. Aspirin is almost never stopped for endoscopy.
Clopidogrel, prasugrel, ticagrelor	Continued for a lower-risk test. For a higher-risk test it is usually stopped 7 days before – but this does not apply if you have a recent heart stent. Read the section below before stopping anything.
Both aspirin and one of the above together	The aspirin is continued. Never stop both.
Warfarin	Continued for a lower-risk test, with an INR checked in the week before to make sure it is not above your range. For a higher-risk test it is usually stopped 5 days before, with an INR checked on the day.

Apixaban, rivaroxaban, edoxaban	For a lower-risk test, the morning dose is omitted. For a higher-risk test, the last dose is 3 days before.
Dabigatran	For a lower-risk test, the morning dose is omitted. For a higher-risk test the last dose is 3 days before, or 5 days before if your kidney function is reduced – an eGFR or creatinine clearance between 30 and 50. We need a recent kidney blood test to set this.
Heparin injections	Used in some people to cover the gap while warfarin is stopped. You will be given a separate written plan if this applies to you.

If you have a heart stent, read this

If a drug-eluting stent was put into a coronary artery within the last 12 months, or a bare metal stent within the last month, stopping your antiplatelet medicine carries a serious risk of the stent blocking. In that situation the decision is not ours alone to make: it must be discussed with the consultant interventional cardiologist responsible for your care. Tell the endoscopy unit about your stent and when it was placed as soon as your endoscopy is booked, so there is time to arrange this.

Afterwards

Any medicine that was paused is normally restarted within two to three days, and warfarin usually the same evening. You will be told exactly when. Do not restart earlier than instructed, and do not delay longer either.

Bleeding after a higher-risk procedure can appear late – most often in the first week or two, by which time you will be back on your medicine, but occasionally as late as a month. Contact the endoscopy unit urgently if you vomit blood, pass black tarry stools or fresh blood, or feel faint or dizzy, at any point in the month after your test.

Two practical things. Bring your anticoagulant alert card, or a full list of your medicines with the doses, to every appointment. And if your test is delayed, cancelled or moved after you have already stopped a medicine, telephone the endoscopy unit – do not simply stay off it until the new date.

Your own plan

Your plan is personal to you and must be written down. Ask the endoscopy unit to complete this before you leave: name of medicine _____ · last dose to be taken on _____ · first dose after the test on _____ · questions to _____

For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

ZAD Health, PE-PROC-16