

# Anticoagulation Resumption after intracerebral hemorrhage

A multidisciplinary panel by a stroke physician or neurologist, a cardiologist, a neuroradiologist and a neurosurgeon should evaluate the benefits and the risks for each patient and decide the best therapeutic strategy <sup>1)</sup>.

**Oral anticoagulant** (OAC) cessation exposes patients to a significantly higher risk of **thromboembolism**, which could be reduced by resumption. The optimal timing of **anticoagulation resumption** after ICH is still unknown. Both early (< 2 weeks) and late (> 4 weeks) resumption should be reached only after very careful assessment of risks for ICH recurrence and **thromboembolism**. The introduction of new oral anticoagulants and other interventions, such as left atrial appendage closure, has provided some patients with more alternatives. Given the lack of high-quality evidence to guide clinical decision-making, clinicians must carefully balance the risks of thromboembolism and recurrent ICH in individual patients.

Li and Lip proposed a management approach which would facilitate the decision-making process on whether anticoagulation is appropriate, as well as when and how to restart anticoagulation after ICH <sup>2)</sup>.

## Anticoagulation Resumption with mechanical hearth valve after intracerebral hemorrhage

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<sup>1)</sup>

Giakoumettis D, Alexiou GA, Vrachatis DA, Themistoklis K, Stathis P, Vavuranakis M, Themistocleous MS. Antithrombotic Treatment Management in Patients with Intracerebral Hemorrhage: Reversal and Restart. Curr Pharm Des. 2017;23(9):1392-1405. doi: 10.2174/1381612822666161205111459. Review. PubMed PMID: 27917716.

<sup>2)</sup>

Li YG, Lip GYH. Anticoagulation Resumption After Intracerebral Hemorrhage. Curr Atheroscler Rep. 2018 May 21;20(7):32. doi: 10.1007/s11883-018-0733-y. Review. PubMed PMID: 29781063; PubMed Central PMCID: PMC5960649.

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