Protocol for breast biopsy in patients taking anticoagulant and antiplatelet therapy

Prior to biopsy ask all patients whether they are taking anticoagulant or antiplatelet therapy.

If taking Warfarin obtain their latest INR.

<table>
<thead>
<tr>
<th></th>
<th>FNA</th>
<th>Core Biopsy</th>
<th>VA Biopsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warfarin (1)</td>
<td>Continue medication</td>
<td>INR &lt; 4.0 ok to proceed.</td>
<td>INR &lt; 2.5 ok to proceed.</td>
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<tr>
<td></td>
<td></td>
<td>INR &gt; 4.0 Stop Warfarin for 3 days</td>
<td>INR &gt; 2.5 Stop Warfarin for 3 days</td>
</tr>
<tr>
<td>Aspirin/ Clopidogrel (2)</td>
<td>Continue medication</td>
<td>Continue medication</td>
<td>Continue medication</td>
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Inform all patients of the risk of bleeding, bruising and haematoma formation – and that this risk is greater for those taking any antiplatelet or anticoagulant medication.

(1) WARFARIN
A recent (ideally within previous 5 days but longer if INR stable over a prolonged period) INR result should be known prior to performing the biopsy.

Stopping Warfarin
Warfarin should be stopped for 3 days.
Restart Warfarin with standard dose on the day of procedure i.e. patients who take Warfarin in the morning should take their standard dose on the morning of the biopsy. This will have no effect on bleeding potential of the procedure the same day.

Patients who should not stop Warfarin:
- Mechanical mitral prosthetic heart valves (not aortic)
- If a patient has been advised by their Clinician that they should not be taken off anticoagulation at anytime.

In such instances and if in doubt contact your local anticoagulation treatment team for advice as Heparin bridging therapy may be indicated

If warfarin should not be stopped based on this and INR is above 4 for ordinary cores or 2.5 for vacuum biopsies then there should be a discussion with local anticoagulation team. If needle biopsy has to be performed they will need to advise on heparin bridging.

(2) CLOPIDOGREL +/- ASPIRIN **
The chief therapeutic indication for clopidogrel is post coronary artery stenting. Discontinuation of antiplatelet or anticoagulant therapy carries a risk of thrombosis. The potential harm of coronary occlusion should antiplatelet therapy be stopped outweighs the relatively small increased risk of breast haematoma.

Adapted from guidelines drawn up by Dr Sally Bradley Clinical Radiology