gutflix
GI learning, personalised

Summary

OPTIMAL TIMING OF RESUMING ANTICOAGULANTS AFTER COLORECTAL ENDOSCOPIC SUBMUCOSAL DISSECTION

Naoyuki Yamaguchi

UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Endoscopy | Colorectal

October 18, 2026

Post-hoc analysis of 1,309 colorectal ESD cases in anticoagulated patients found that early resumption (within postoperative day 1) versus late resumption (day 2 or later) did not significantly increase delayed bleeding overall, but dabigatran users with impaired renal function had a 34.4% bleeding rate with early resumption.

KEY POINTS

- In propensity-matched analysis, delayed bleeding rates were not significantly different between early and late resumption groups overall (9.6% vs. 6.6%, p=0.201), for DOACs (9.0% vs. 6.2%, p=0.358), or for warfarin (11.4% vs. 6.7%, p=0.336).
- Bleeding before resumption was significantly lower with early resumption (1.18% vs. 3.23%, p=0.013), while bleeding after resumption was significantly higher with early resumption (9.42% vs. 6.02%, p=0.041).
- In patients with eGFR less than 60 mL/min/1.73m^2, early dabigatran resumption resulted in 34.4% delayed bleeding compared to 15.9% in those with eGFR 60 or greater, suggesting extreme caution is required for dabigatran in renal impairment.
- Edoxaban, apixaban, and rivaroxaban showed stable safety profiles regardless of renal function.
- The study concludes that individualized timing based on hemostasis and thromboembolic risk is necessary, with continued vigilance after restarting anticoagulation.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/2a243f28-d12b-11f1-86c4-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.