Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 5462

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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Neck of Femur fractures and novel oral anticoagulants.

You asked:
We are seeking to determine, on a national level, what NHS Trust protocols advise for the management of patients who are taking NOACs (Novel Oral Anticoagulants; e.g. apixaban, rivaroxiban, dabigatran) who sustain a neck of femur fracture which requires surgical fixation.
1. Do you treat patients with neck of femur fractures in your Trust? If yes please complete the questions below:
2. Does your Trust have a protocol for management of patients who sustain neck of femur (NOF) fractures and are taking a Novel Oral Anticoagulant (NOAC)?
3. May we have a copy of your Trust's protocol?
4. How many hours does your trust advise should be the time interval between last dose of NOAC and surgical fixation of neck of femur fracture?
5. How many patients with neck of femur fractures does your Trust treat per year?
6. How many of the patients who have been treated in the last year for neck of femur fracture were taking a NOAC?
7. What was the average time interval between admission to hospital and time to surgery for patients who were taking NOAC who sustained a neck of femur fracture?

Trust response:

1. Yes
2. Currently in development
3. DOAC:

If Creatinine Clearance (CC)>30mls/min, there is no evidence that surgery should be delayed, in the presence of a DOAC but SAB should be avoided within 24 hours of the last dose.
If CC<30mls/min, again, not evidence that surgery should be delayed but SAB should be avoided for 48 hours.
Bridging therapy is not needed in any but the high risk cases.

Post-operatively, normal therapy should be resumed within 24-48 hours, unless there is a surgical concern re-bleeding/return to theatre. IV Heparin can be considered in patients who have required bridging therapy.

SAB only one way to provide anaesthesia for fractured NOF and should not be undertaken unless the anaesthetist is happy that anticoagulation/antiplatelet therapy is appropriately reversed. If the surgeon is ok to proceed, when SAB is not considered safe, then a GA, preferably with FIB is, in the majority of cases, perfectly acceptable.

4. 24hours
5. 600
6. The Trust does not collect this information
7. The Trust does not collect this information