

Instructions for converting from Coumadin to Lovenox in preparation for elective surgery

FOR: _____
(PATIENT NAME)

DATE OF SURGERY: _____

Applies to: Patients who require near-continuous anticoagulation for prophylaxis against blood clots. (e.g. prosthetic heart valves)

If you have a less critical need for anticoagulation (e.g. atrial fibrillation) you may not require Lovenox after stopping the Coumadin. Please confirm with your Medical Doctor whether the regimen below applies to you.

INSTRUCTIONS:

DATE		INSTRUCTION
	5 DAYS BEFORE	Stop Coumadin from this day on
	4 DAYS BEFORE	No Coumadin
	3 DAYS BEFORE	Lovenox 1mg/kg subcutaneously in the evening
	2 DAYS BEFORE	Lovenox 1mg/kg subcutaneously in the morning and evening (doses 12 hours apart)
	1 DAY BEFORE	Lovenox 1mg/kg subcutaneously in the morning and evening
	DAY OF SURGERY	No anticoagulation in morning, but may possibly begin both Lovenox and Coumadin in evening if directed to by your physician
	1 DAY AFTER	Lovenox 1mg/kg subcutaneously in the morning and evening AND Coumadin regular dose in evening
	2 DAYS AFTER	Lovenox 1mg/kg subcutaneously in the morning and evening AND Coumadin regular dose in evening
	3 DAYS AFTER	Lovenox 1mg/kg subcutaneously in the <i>morning only</i> (last dose); Coumadin regular dose in evening and thereafter
	4 DAYS AFTER	Check PT/PTT, INR in Medical Doctor's office. Further adjustments in Coumadin dose per Medical Doctor

Further Instructions:

- Keep pressure dressings in place for first 48 hours
- Apply ice frequently during this time period (20 minutes on and off)
- Please contact surgeon promptly if any swelling or excessive bruising is noted.
If this occurs, do not take any further injections/oral Coumadin until you have spoke with your surgeon