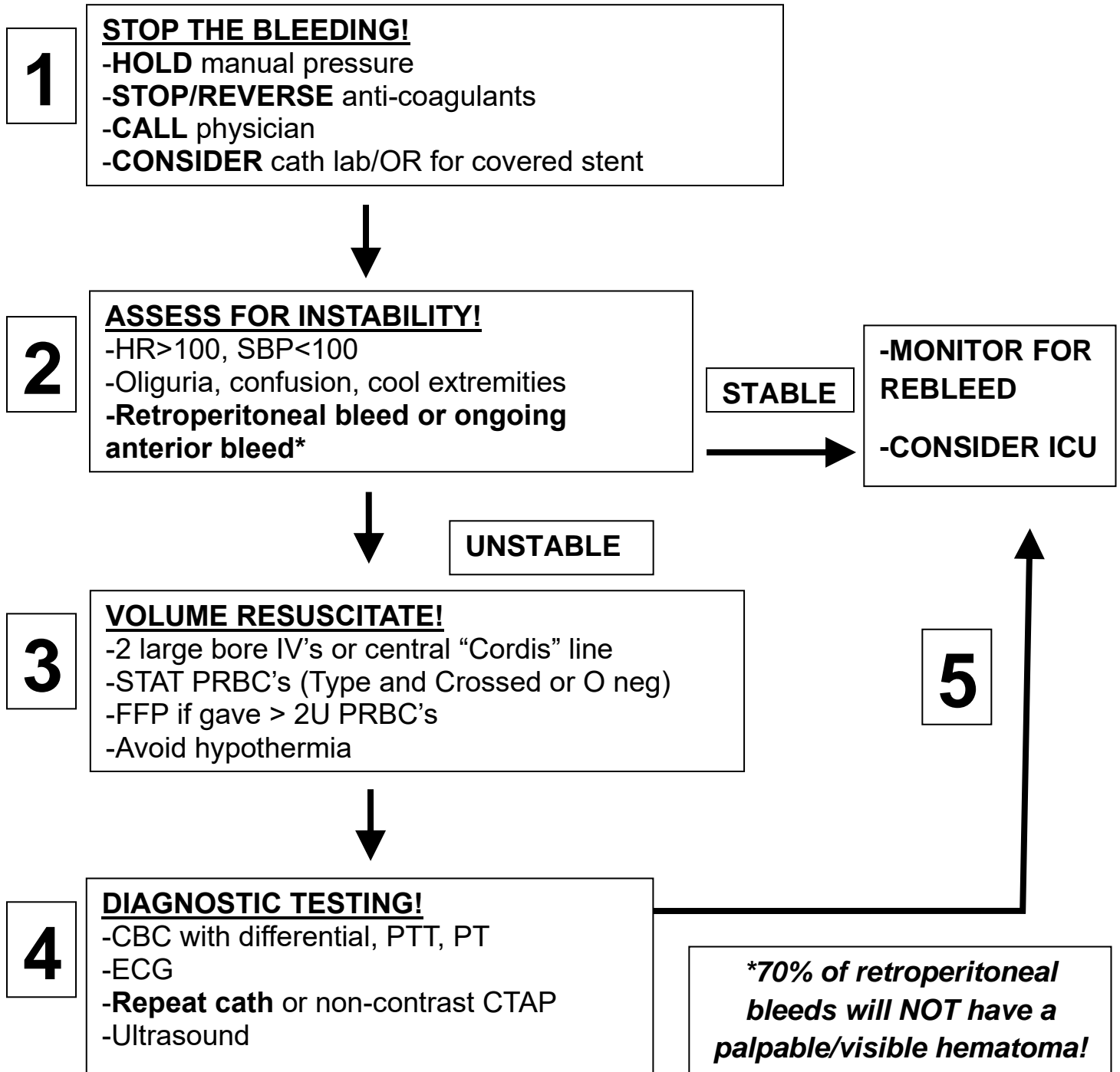


## POST PROCEDURE: (5 MINUTE) GROIN BLEED



## Specific anti-platelet and anti-coagulant issues

Agent	Mechanism	Duration	Reversal
<b>Unfractionated heparin (UFH)</b>	Inactivates thrombin; prevents conversion of fibrinogen to fibrin	1-2 hours	Protamine*: Max dose 50 mg IV. Immediate=1 mg protamine/100 unit of UFH 1 hour after UFH =0.5 mg protamine/100 unit of UFH 2 hour after UFH=0.25 mg protamine/100 unit of UFH
<b>Enoxaparin (Lovenox)</b>	Factor Xa inhibition	12 hours; longer if low GFR	Protamine*: 1 mg IV per each mg of enoxaparin (results in 60-75% reversal)
<b>Bivalirudin (Angiomax)</b>	Direct thrombin inhibition	2 hours; longer if low GFR	None
<b>Eptifibatide# (Integrilin)</b>	IIb/IIIa receptor blocker	4 hours	None
<b>Tirofiban# (Aggrastat)</b>	IIb/IIIa receptor blocker	4 hours	None

\*May rarely cause severe hypersensitivity reaction and hemodynamic collapse. Do not overdose since excess protamine can exacerbate bleeding.

#May cause severe acute thrombocytopenia

## Other special considerations

Consideration	Comment
<b>How to hold pressure on groin?</b>	Drop bed height as low as possible. Using fingertips of both hands, hold occlusive pressure 2 cm above (cephalad to) arteriotomy site until hemostasis maintained, typically 20-30 minutes. Continue to assess for control of bleeding.
<b>Cath lab/IR to look for and treat active bleeding?</b>	Hemodynamic instability or rapid fall in hemoglobin.
<b>Vascular surgery consultation?</b>	Hemodynamic instability, RP bleed, large anterior thigh hematoma, pseudoaneurysm, AV fistula.
<b>Repair of pseudoaneurysm?</b>	If > 2 cm