THE SPINE & PAIN INSTITUTE of NEW YORK

Pt:_____ **DOB:**____/____/_____ **Date:**_____

Dear Dr._____

Our mutual patient has chronic intractable pain and we would like to schedule for a spinal cord stimulator trial/implant for their pain. In order to ensure patient safety, we would like to confirm that the patient can place their anticoagulant medication on hold for the procedure according to the ASRA (American Society of Regional Anesthesia) guidelines. We cannot schedule the patient until we receive confirmation, so we hope for a prompt reply. If the patient has a AICD and we will need to arrange for an EP tech to monitor the patient for the procedure.

A spinal cord stimulator trial involves placing a spinal cord stimulator lead into the epidural space and electrodes on the lead inhibit the transmission of pain from extremities and trunk to the brain.The leads are left in the epidural space for the trial and sutured to the skin. There are no incisions for the trial, but the patient must remain off blood thinners for the duration of the trial, 5-7 days, until the leads are removed. We can make exceptions to trial for shorter periods of time, but it would be best to discuss this plan together.

For the implant of the stimulator, anticoagulants would be held as per ASRA guidelines and restarted the day after the simulator is placed. For the trial the blood thinner can be restarted the same night of the lead pull.

Please sign below and fax back to us if they can STOP their anticoagulant prior to the procedure.

Listed below are the guidelines established by the ASRA for the commonly used anticoagulants and can be used as a guideline in treatment.

Coumadin (Warfarin)	5 Days, Normal INR	Clopidogrel (Plavix)	7 days	Dabigatran (Pradaxa)	4-5 days 6 d (impaired renal function)
Rivaroxaban (Xaralto)	3 days	Prasugrel (Effient)	7- 10 days	LMWH (Lovenox)	24 hours
Apixaban (Eliquis)	3-5 days	Ticagrelor (Brilinta)	5 days	ASA	Does not need to be held

Newer anticoagulants and antithrombotic agents are continually under development, and we value your guidance in the absence of established guidelines. We would welcome the opportunity to further discuss the risks and benefits specific to this patient at your convenience.

Accepted by:

_____

M.D. Signature Date

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