BRITISH SOCIETY OF GASTROENTEROLOGY

[redacted]

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[redacted]
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3 May 2024

Mr D D W Reid
HM Senior Coroner
Coroner's Court
Martins Way
Stourport-on-Severn
Worcestershire
DY13 8UN

[redacted]

Dear Mr Reid

Regulation 28 Prevention of Future Deaths report regarding Terence Willian Sullivan

Thank you for bringing to our attention the circumstances leading to the death of Mr Sullivan. The report does not mention how long ago the coronary stents were inserted, but I assume that he was treated with dual antiplatelet therapy for at least the minimum required period, and at a later date was switched to rivaroxaban alone to cover his atrial fibrillation. You are correct that this scenario was not covered in the guideline "Endoscopy in patients on antiplatelet or anticoagulant therapy: British Society of Gastroenterology (BSG) and European Society of Gastrointestinal Endoscopy (ESGE) guideline update Veitch AM et al Gut 2021;70:1611-28", although the scenario of a DOAC plus aspirin was considered in patients with stents. At that time the published evidence did not support sole therapy with a DOAC for patients with coronary stents and atrial fibrillation, but it is apparent that this is now a more common scenario, and is indeed supported by European cardiology guidelines. I took advice from the cardiology co-author on the 2021 guidelines, [redacted], who was aware of a similar case, and we plan to issue the following statement to all BSG members:

"Addendum to BSG/ESGE Endoscopy in patients on antiplatelet or anticoagulant therapy guideline 2021

We thank the Senior Coroner for Worcestershire for bringing to our attention the death of a patient due to a myocardial infarction who had previous coronary stents, but had atrial fibrillation in addition, and at the time of colonoscopy was on sole therapy with rivaroxaban. The rivaroxaban was stopped at least 48 hours prior to the procedure. This particular scenario is not covered by the BSG/ESGE guidelines, and I am grateful to the cardiology author on the guidelines, [redacted], for providing interim guidance. We are aware of at least one other similar case with catastrophic consequences.

Many clinicians increasingly stop all antiplatelets in patients with prior coronary stents when there is a need for long-term anticoagulation for other reasons (e.g. AF), as per the current European Society of Cardiology guidelines. These patients will be at an increased risk of stent thrombosis when anticoagulants are stopped, and they are on no antithrombotic medication at all. **We recommend that all patients on anticoagulants alone with a history of prior coronary stents must either be switched to aspirin (provided there are no contraindications) or discussed with an interventional cardiology consultant first.** When switching to aspirin patients should be loaded with 300mg the day prior to anticoagulant cessation and prescribed 75mg daily thereafter. Patients should remain on aspirin

until they are re-established on anticoagulants and within therapeutic range, after which the aspirin can be stopped.

It is important to remember that particular care must be taken in any patients with a prior history of having coronary stents. We would encourage discussion with a consultant interventional cardiologist in patients in whom interruption of either antiplatelets or anticoagulants is being considered.

We also plan to publish this guidance as a journal letter prior to a formal update of the BSG/ESGE guideline."

As indicated in the message to BSG members, we plan to publish this advice in a peer-reviewed journal prior to scheduled five year revision of the whole guideline. It is important to note that the reported scenario occurred prior to a therapeutic endoscopic procedure, but the principles will apply prior to any therapeutic intervention which requires temporary cessation or modification of anticoagulant therapy in a patient with coronary stents.

Yours sincerely

President, British Society of Gastroenterology