A total of 194 patients received PCC for reversal of warfarin anticoagulation (Table 1).

- A total of 94 patients received PCC for reversal of warfarin anticoagulation
- 2 (1.0) conservative
- EGD + Colonoscopy
- Angiogram
- 2.5 Orbital
- 16
- 34

References


Methods

- A retrospective chart review was performed on consecutive patients receiving either aPCC for reversal of DOAC anticoagulation or PCC for reversal of VKA anticoagulation between January-June 2014 at The Ottawa Hospital.
- Thrombotic complications and associated mortality were evaluated up to 30 days post-PCC

Results – aPCC:DOAC

- A total of 11 patients received aPCC for reversal of DOAC anticoagulation (Tables 1, 3, 4)
  - 3 patients on dabigatran
  - 5 patients on rivaroxaban
  - 3 patients on apixaban
- aPCC dosing ranged from 1390 IU to 6000 IU

- 30-day thromboembolic complication rate = 9.1%
  (A single patient experienced a transient ischemic attack within 6 hours of aPCC administration)

- 30-day overall mortality was 36.4% (4 deaths)
  - 2 fatal bleeding events
  - No fatal thromboembolic events

Results – PCC:VKA

- A total of 94 patients received PCC for reversal of warfarin anticoagulation


Objective

- To describe the clinical outcomes following PCC-VKA reversal and aPCC-DOAC reversal in situations of life-threatening bleeding or needing emergent surgery.

Conclusion

- The administration of aPCC for DOAC reversal appears to be associated with a relatively similar thromboembolic complication rate as compared to PCC administration for warfarin reversal
- Larger prospective studies are required to confirm these findings.

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