Reply: A guideline to fill the gap between endoscopists and physicians who prescribe anticoagulant and/or antiplatelet agents

Comment on the letter to the editor of Dr. Sun-Young Lee

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We would like to thank Dr. Lee for the response to our previous article. Our article is summarized accurately, and the problems that remain to be solved concerning anticoagulants and antiplatelet agents during endoscopy are pointed out. Our ongoing study has revealed that the low acceptance of the endoscopists' guideline could be because the cessation period is determined predominantly by physicians who prescribe these agents. As the importance of a unified guideline for endoscopists and physicians is emphasized in the letter, we believe that close communication between them is mandatory to raise the acceptance of the endoscopists' guideline and to minimize the risk to patients. In this respect, we agree with the broad outline of their point of view.

Concerning the necessity of drug cessation, we do not recommend all the endoscopic procedures without cessation. We only demonstrate the possibility that cessation can be unnecessary to avoid bleeding complications. Although our data revealed no bleeding complications after endoscopic procedures, including biopsy and endoscopic mucosal resection without cessation, the total number is too small to certify the safety of invasive procedures without cessation [1]. Additionally, the skill level of the endoscopist might affect the bleeding rate, as mentioned in the

letter. However, thromboembolic complications sometimes have lethal outcomes, including acute coronary syndrome or cerebral infarction [2, 3]. Endoscopists should not put patients at unnecessary thromboembolic risk because of poor training and skills. As far as procedures are carried out by well-trained endoscopists, we propose that the less invasive procedure or at least biopsy can be carried out safely without cessation as recommended in the guidelines in western countries. We need further investigations to accumulate data to certify the safety of biopsy without cessation in eastern countries.

We do believe that in a few years it will be possible to fill the gap between endoscopists and physicians. This means that we have to establish a common guideline based upon solid evidence.

References

1. Ono S, Fujishiro M, Hirano K, Niimi K, Goto O, Kodashima S, et al. Retrospective analysis on the management of anticoagulants and antiplatelet agents for scheduled endoscopy. *J Gastroenterol*. 2009;44(12):1185–9.
2. Lee SY, Tang SJ, Rockey DC, Weinstein D, Lara L, Sreenarasimhaiah J, et al. Managing anticoagulation and antiplatelet medications in GI endoscopy: a survey comparing the East and the West. *Gastrointest Endosc*. 2008;67(7):1076–81.
3. Fujishiro M, Oda I, Yamamoto Y, Akiyama J, Ishii N, Kakushima N, et al. Multi-center survey regarding the management of anticoagulation and antiplatelet therapy for endoscopic procedures in Japan. *J Gastroenterol Hepatol*. 2009;24(2):214–8.

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