



*Fighting blood clots  
through education*

## **Edoxaban (Savaysa®) and Surgery:**

# **What You Need to Know**



**The following materials are to be reviewed with your clinician prior to your procedure.**

**For more detailed information on managing your blood thinner or antiplatelet medicine before a procedure, please see our full *Procedure Playbook* guide [here](#).**



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# A Personalized Antithrombotic Medication Management Worksheet

**USE THIS SHEET IF YOU ARE ON A DOAC:  
APIXABAN, EDOXABAN, RIVAROXABAN,  
or DABIGATRAN**

## Background Information

**Print For Use  
With Your Surgeon**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Preferred pharmacy (include name, address, and phone number):  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name and phone number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medication Information

Check off which medicines you take in the boxes below.

Next to your medication, fill in your dose, the reason why you take it, and who prescribes it.

✓	Blood Thinner	Dose	Why do you take it?	Who Prescribes it?
<input type="checkbox"/>	Apixaban (Eliquis®)			
<input type="checkbox"/>	Rivaroxaban (Xarelto®)			
<input type="checkbox"/>	Dabigatran (Pradaxa®)			
<input type="checkbox"/>	Edoxaban (Savaysa®)			

✓	Antiplatelet	Dose	Why do you take it?	Who Prescribes it?
<input type="checkbox"/>	Aspirin			
<input type="checkbox"/>	Clopidogrel (Plavix®)			
<input type="checkbox"/>	Ticagrelor (Brilinta®)			
<input type="checkbox"/>	Prasugrel (Effient®)			

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Print For Use  
With Your Surgeon

Information and Instructions for Your Procedure

Name or type of procedure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date, time, and location of procedure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFTER YOUR PROCEDURE:**

Restart my \_\_\_\_\_ on (DATE)  
and follow these instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(RECORD DOSAGE AND TIME TO RESUME IT,  
THEN HOW TO CONTINUE GOING FORWARD.)

**BEFORE YOUR PROCEDURE:**








Based on discussions with my healthcare team and  
instructions from my doctor(s), I will...

- Continue taking my \_\_\_\_\_ as usual  
and will not make any changes to how I take it.
- Stop taking my \_\_\_\_\_ on  
\_\_\_\_\_ (DATE).

If I have questions, I can contact

\_\_\_\_\_ [NAME]  
at \_\_\_\_\_ [PHONE NUMBER].

## Low/Moderate Bleeding Risk

3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
						
Take	Take	Do not take	Do not take	Ask your doctor†	Take	Take








†You will *usually* restart your edoxaban within 24 hours after having a procedure with low/moderate bleed risk if adequate hemostasis is achieved; your doctor will tell you exactly when to restart.

Adequate hemostasis refers to the successful prevention or stopping of bleeding.

 – **DO NOT take**       – **do not take based on your doctor's advice**

Based on the dose that you take, the shape or color of your medication may look different than the image in this calendar.

## High Bleeding Risk

3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
						
Take	Do not take	Do not take	Do not take	Do not take	Ask your doctor*	Ask your doctor*

\*You will *usually* restart your edoxaban 2-3 days after a high-bleed-risk procedure if adequate hemostasis is achieved; your doctor will tell you exactly when to restart. Adequate hemostasis refers to the successful prevention or stopping of bleed

 – DO NOT take

 – do not take based on your doctor's advice

Based on the dose that you take, the shape or color of your medication may look different than the image in this calendar.