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Anticoagulation in colonoscopy screening for colorectal cancer

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Colonoscopy is a key gastroenterology investigation used for many patient presentations. It is critical in the diagnosis of colorectal cancer in particular. Many patients requiring colonoscopy are on anticoagulant medications for a variety of indications such as prosthetic heart valves and atrial fibrillation. It can be a difficult decision whether to hold this for the procedure or not and is based on a balance of risk factors. Colonoscopy itself is not an indication to suspend anticoagulants but biopsy and excision are. Our study looked at outcomes of colonoscopies over a one month period in a district general hospital. It was found that 34.5% of colonoscopies done in this period identified potentially malignant polyps (odds ratio 10:19). In 50% of these patients their anticoagulation had been held. In 100% of patients with their anticoagulation held they had a biopsy or excision at the time of the procedure, none of those who were still on their anticoagulation could have this done and had to have repeat colonoscopy at a later date. Of all biopsies taken it was found 20% of polyps were low grade dysplastic adenomas and 5% were malignant. This study highlights that not holding anticoagulation may cause significant delay in diagnosis or removal of potentially malignant polyps.

Biography

Dr. Eloise Short is a gastroenterology clinician and researcher from the United Kingdom, specializing in colorectal cancer screening and endoscopic risk management. Her work focuses on optimizing anticoagulation decisions during colonoscopy to prevent diagnostic delays in detecting malignant polyps. She is affiliated with North Bristol NHS Trust and continues to contribute to evidence-based improvements in gastroenterology practice

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