Stratify overall risk by considering procedural and patient factors:

What is the risk regarding patient factors? (listed below in no specific order of risk)
- Previous post-op bleeding episode
- Unable / unwilling to rest post-op
- Poor home support if bleeds
- Age >65

What is the risk related to the procedure? (listed below with highest risk at the top)
- Large secondary intention wounds on non-compressible sites (e.g. eyelids, neck, lip, genitals)
- Wide excision and direct closure on non-compressible sites
- Local interpolated flaps (e.g. paramedian forehead flap)
- Large local flaps on head & neck with wide undermining (e.g. forehead, periocular, cheek, nose, neck, ear)
- Grafts on non-compressible sites

Does the patient have any high-risk factors? (in no specific order):
- Previous post-op bleeding episode
- Unable / unwilling to rest post-op
- Poor home support if bleeds
- Age >65

What is the risk related to the type of closure:
- Secondary Intention
- Flaps
- Grafts
- Direct closure

Does the patient have a bleeding tendency:
- Von Willebrand
- Haemophilia
- Low platelets
If yes, seek advice from local Haematology / Haemophilia centre Platelets >50 usually satisfactory

Based on patient and surgical factors, consider if this is a high, medium / low risk procedure overall. Is the patient on any medication that increases the tendency to bleed?

<table>
<thead>
<tr>
<th>Drug</th>
<th>High risk procedure ^</th>
<th>Medium / Low risk procedure ^</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Continue drug and proceed with surgery</td>
<td>Continue drug and proceed with surgery</td>
</tr>
<tr>
<td>Dipyridamole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfarin</td>
<td>INR &lt;3.5</td>
<td>INR &lt;3.5</td>
</tr>
<tr>
<td>2 – 2.5 if therapeutic range allows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOAC / DOAC e.g. dabigatran, rivaroxaban, apixaban, edoxaban</td>
<td>Recommend stopping 24 – 48 hours pre-op*, unless higher thrombotic risk</td>
<td>Continue. Or in low thrombotic risk patients, can consider stopping for 24hrs pre-op*</td>
</tr>
<tr>
<td>Clopidogrel</td>
<td>Stop any unintended prescription Consider postponing until off drug Combinations: Consider stopping clopidogrel or 1 of the drugs (take advice)</td>
<td>Continue drug and proceed with surgery</td>
</tr>
<tr>
<td>Combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other acute agents e.g. Fondaparinux, heparin, prasugrel, danaparoid, ticlodipine</td>
<td>Postpone (unless surgery is urgent)</td>
<td>Continue drug and proceed with surgery</td>
</tr>
<tr>
<td>Herbs &amp; supplements (including teas)</td>
<td>Stop 2 weeks pre-op</td>
<td></td>
</tr>
</tbody>
</table>

Consider if any further actions can be taken to reduce bleeding risk where appropriate:
- Postpone
- Choose safer surgical procedure (or radiotherapy or non-surgical)
- Increase support or admit patient
- Elevate and compress post-op
- Change operative setting (e.g. to improve equipment access, nursing support or more suitable operator)
- Give tranexamic acid (oral or infiltrated)

^see risk stratification table  e.g. 48hrs if eGFR <50ml/ min