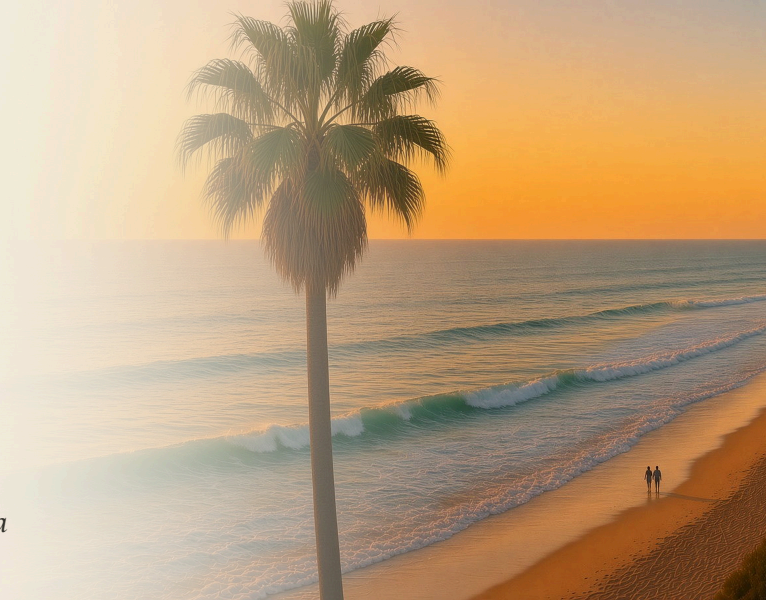
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Reversing Blood Thinners

Emergency treatment for bleeding on Eliquis, Xarelto, Pradaxa and Savaysa, and which bleeding needs help fast.

⅔
is about how much a blood thinner cuts the risk of stroke from AFib

Minutes
for the Pradaxa antidote to stop dabigatran from slowing clotting

About ½
as much bleeding into the brain on the newer drugs as on warfarin

WHAT'S AVAILABLE NOW

Every modern blood thinner has an emergency plan

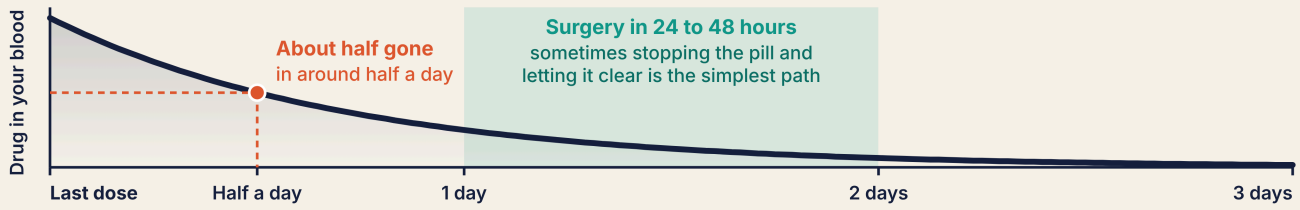
IF YOU TAKE	THE EMERGENCY TEAM CAN GIVE
Dabigatran (Pradaxa)	**Idarucizumab (Praxbind), its own antidote** — Binds the drug and switches it off within minutes
Apixaban (Eliquis)	**Prothrombin complex concentrate (PCC)** — A concentrated mix of clotting proteins that helps blood clot despite the blood thinner. Older, widely available and used for years
Rivaroxaban (Xarelto)	
Edoxaban (Savaysa)	

Warfarin (Coumadin), for comparison, has traditionally been reversed with vitamin K and a clotting factor product, which could take hours to fully kick in.

When these drugs arrived around 2010 there was no specific antidote at first. Pradaxa's antidote is now the only specific one in the US. Andexxa, for Eliquis and Xarelto, left the US market in December 2025, so they get PCC, used off-label.

THEY ALSO WEAR OFF ON THEIR OWN

Most are half gone in around half a day



For most of the newer blood thinners. Exact timing depends on the drug and your kidneys.

Before planned surgery you usually stop it a couple of days ahead, depending on the drug and your kidneys. In an emergency the team can use an antidote, PCC or blood products, or sometimes operate without reversal if bleeding risk is low and you are stable.

Weigh the real risks

Skipping a blood thinner out of fear trades a high lifetime risk of disabling stroke for a lower lifetime risk of survivable bleeding. For people with raised stroke risk, that trade is usually a bad one.

BLEEDING ON A BLOOD THINNER

When to get help, and how to stay prepared

CALL 911 RIGHT AWAY

each can signal serious bleeding

Bleeding	Vomiting blood, black or tarry stools, or blood in the urine.
Head and brain	Sudden severe headache, sudden weakness or numbness on one side of the body, or slurred speech.
Falls	Any fall with a head injury while on a blood thinner.

GO TO THE EMERGENCY DEPARTMENT

Bleeding that won't stop	Any major external bleeding that won't stop with pressure.
Other warning signs	Severe abdominal pain, persistent vomiting, or any sense that you've lost a meaningful amount of blood from any source.

CALL YOUR DOCTOR'S OFFICE THE SAME DAY

Gums or nose	Unusual gum or nose bleeding that's lingering.
Bruises	Large new bruises without a clear cause.
After a change	Any concern that started after a recent dose change or new medication.

USUALLY MINOR

pressure, ice and time

Everyday bleeding	Small cuts bleed longer, bruising is more common, and gums or the nose may bleed more easily, usually without needing a trip to the emergency room.

EVERYDAY QUESTIONS

Pain relievers	Aspirin and ibuprofen each raise bleeding risk, and adding them to a blood thinner stacks it further. Tylenol (acetaminophen) is generally safer for occasional pain.
Supplements	Fish oil, ginkgo, ginger, garlic supplements and high-dose vitamin E all raise bleeding tendency. Tell your prescriber about every supplement you take.
Dentist	Your dentist needs to know. Cleanings and most fillings need no change, and for extractions or implants they may want to coordinate with your prescriber.
Before a procedure	Schedule a routine visit before planned surgery, dental work or a major trip. Your prescriber can advise on holding and restarting the medication.
Alcohol	A drink or two with dinner is generally fine. Heavy drinking raises bleeding risk.
If AFib goes away	Often you still need the blood thinner. Talk to your cardiologist before stopping for any reason.

CARRY A CARD

Keep a card in your wallet that names your blood thinner, or wear medical alert jewelry, especially if you live alone or travel. Anyone caring for you in an emergency then knows what you take and can plan reversal if needed.

READ THE FULL ARTICLE

damianrasch.com/
doac-reversal-eliquis-xarelto-pradaxa

For education only, and not a substitute for advice from your own physician. Sources include the idarucizumab full cohort study (NEJM 2017), the apixaban, dabigatran, rivaroxaban and edoxaban trials against warfarin, the 2019 AHA/ACC/HRS and 2020 ESC atrial fibrillation guidelines and the 2020 ACC bleeding pathway.

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