

The Development of Guidelines for Fondaparinux Use and Neuraxial Anesthesia

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Patient 1

- G7P0151 at 37wk with hx of heterozygous Factor V Leiden, 4 miscarriages, unprovoked RLE DVT (heparin analogues caused hives) on **prophylactic fondaparinux 2.5 mg daily**, presented for IOL
- Fondaparinux **held 48 hrs before NA**
 - Restarted PPD 1, continued ~8 wks

Patient 2

- G6P2032 at 39w1d with hx of **obesity (145 kg)** and DVTs in 2022 and 2023 (heparin analogues caused hives) on **therapeutic fondaparinux 10 mg daily**, presented for rCS
- Fondaparinux **held 4 days before NA**
 - Restarted PPD 1

Fondaparinux: what you should know¹

- **MOA:** synthetic pentasaccharide, selectively inhibits factor Xa via antithrombin III
 - Alternative to UFH and LMWH if heparin allergy or hx heparin-induced thrombocytopenia
- Once daily subcutaneous injection
- **Dosing:**
 - **Prophylactic (low):** 2.5 mg daily
 - **Therapeutic (high):** 7.5 mg daily
 - 5 mg if <50 kg, 10 mg if >100 kg
- **Elimination:** via kidneys
- **Long Half-life:** 18-21 hrs
 - If CCI <50 ml/min, prolonged to 36-42 hrs
 - **Contraindicated if CCI <30 ml/min**
- **NO ANTIDOTE**



UNC Guidelines: Fondaparinux (Arixtra) and Neuraxial Anesthesia

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UNC GUIDELINES: Fondaparinux (Arixtra) and Neuraxial Anesthesia

- **Low dose 2.5 mg daily:**
 - Time between last dose of anticoagulation and catheter placement: **48 hours**
 - If CCI <50 ml/min, hold for **72 hours**
 - Do not administer fondaparinux with indwelling catheter
 - Minimum time to restart anticoagulation after catheter removal or initial needle placement: **6 hours**
- **High dose >2.5 mg daily:**
 - Time between last dose of anticoagulation and catheter placement: **4 days**
 - Do not administer fondaparinux with indwelling catheter
 - Minimum time to restart anticoagulation after catheter removal or initial needle placement: **12 hours**