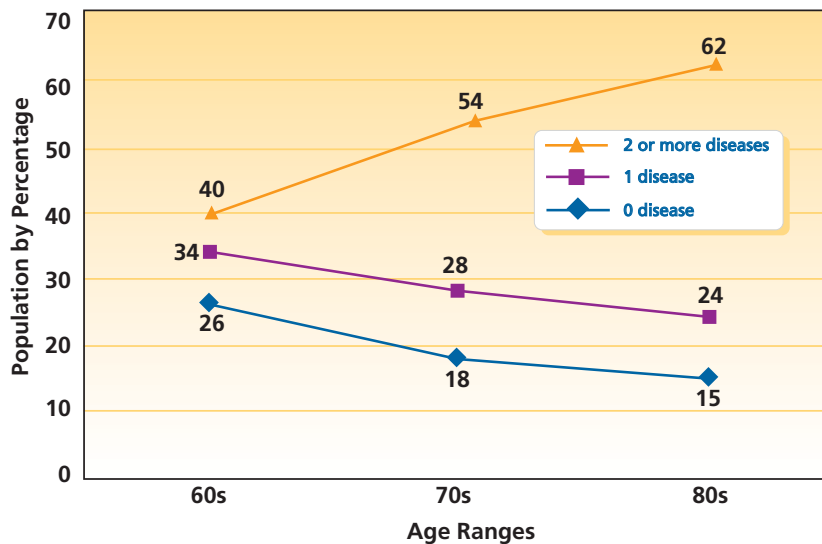


Carpentier-Edwards PERIMOUNT valves do not require lifelong anticoagulation.*

Anticoagulation limits access to medical and surgical treatment options.

Warfarin may interact with 157 other drugs. These interactions could increase the anticoagulant effect and cause major bleeding, or decrease it and trigger a thromboembolic event.¹

Aging patient → Growing number of comorbidities → Increasing risk of drug interactions²



Warfarin interacts with drugs commonly used in the aging patient.¹

- Anti-inflammatories
- Statins
- Antidepressants
- Flu shots
- Antibiotics
- Antiarrhythmics
- Bronchodilators
- Antineoplastics
- Antibacterials

* For patients who do not require warfarin for other risk factors and after the 3-month usual postoperative period.



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Why compromise therapeutic options?

Anticoagulation therapy complicates surgical options.

The likelihood of any kind of surgery is multiplied by 3 after the age of 65.³ Anticoagulation therapy increases the risk to the surgical patient and must be discontinued or closely monitored before any procedure, including oral surgery or endoscopy.^{4,5}

“We conclude that routine surgery in anticoagulated patients yields a high perioperative bleeding and thromboembolic risk.”⁶

— Torn M, et al.

Consider cancer, a leading cause of death in most countries.⁷

Treatment options are dramatically reduced for anticoagulated patients.

- Surgery carries a high risk⁶
- Warfarin interacts with major antineoplastic drugs⁸

“It is well established that a wide range of antineoplastic drugs interact with warfarin, resulting in altered coagulation parameters and/or bleeding sequelae.”⁸

— Copur MS, et al.

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