

Reference Number: FOI202526/012
From: Other
Date: 06 May 2025
Subject: Preoperative combined oral contraceptive pill.

This is a freedom of information request for the details of your trusts guidelines regarding the preoperative management of patients taking the combined oral contraceptive pill.

Q1 Please indicate whether your trust has specific guidelines in relation to the preoperative management of the combined oral contraceptive pill. If your trust does not perform elective surgery, then select 'Not Applicable'

A1 [See attached – 012 FOI Response](#)

Q2 Please enter the number of the options below that apply to your hospital:
(1) Continue COCP, no VTE prophylaxis.
(2) Continue COCP, additional VTE prophylaxis.
(3) Suspend COCP.
(4) None of the above.

A2 [As per A1](#)

Q3 Please indicate if your trusts guidelines advise to suspend the combined oral contraceptive pill preoperatively (Yes/No/Not applicable)

A3 [As per A1](#)

Q4 Please indicate the period of preoperative suspension in number of days.

A4 [As per A1](#)

Q5 Please indicate if your trusts guidelines advise to suspend the combined oral contraceptive pill postoperatively (Yes/No/Not applicable)

A5 [As per A1](#)

Q6 Please indicate the period of postoperative suspension in number of days.

A6 [As per A1](#)

Q7 If your trust guidelines advise to cover the patient with LMWH, please indicate this below (Yes/No).

A7 [As per A1](#)

- Q8 If your trust guideline advises to cover the patient with LMWH, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.
- A8 As per A1
- Q9 If your trust guidelines advise to cover the patient with a DOAC, please indicate this below (Yes/No).
- A9 As per A1
- Q10 If your trust guideline advises to cover the patient with a DOAC, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.
- A10 As per A1
- Q11 If your trust guidelines advise to cover the patient with Aspirin, please indicate this below (Yes/No).
- A11 As per A1
- Q12 If your trust guideline advises to cover the patient with Aspirin, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.
- A12 As per A1
- Q13 If your trust guidelines advise to cover the patient with a P2Y12 inhibitor, please indicate this below (Yes/No).
- A13 As per A1
- Q14 If your trust guideline advises to cover the patient with a P2Y12 inhibitor, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.
- A14 As per A1
- Q15 If the advice that your trust guideline gives depends on other patient factors, then please indicate below (Yes/No)
- A15 As per A1

Please enter the name of your hospital trust	Please indicate whether your trust has specific guidelines in relation to the preoperative management of the combined oral contraceptive pill. If your trust does not perform elective surgery, then select 'Not Applicable'	Please enter the number of the options below that apply to your hospital:			Please indicate if your trust's guidelines advise to suspend the combined oral contraceptive pill preoperatively (Yes/No/not applicable)	Please indicate the period of preoperative suspension in number of days.	Please indicate if your trust's guidelines advise to suspend the combined oral contraceptive pill postoperatively (Yes/No/not applicable)	Please indicate the period of postoperative suspension in number of days.	If your trust guidelines advise to cover the patient with LMWH, please indicate this below (Yes/No).	If your trust guideline advises to cover the patient with LMWH, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.	If your trust guidelines advise to cover the patient with a DOAC, please indicate this below (Yes/No).	If your trust guideline advises to cover the patient with a DOAC, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.	If your trust guidelines advise to cover the patient with Aspirin, please indicate this below (Yes/No).	If your trust guideline advises to cover the patient with Aspirin, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.	If your trust guidelines advise to cover the patient with a P2Y12 inhibitor, please indicate this below (Yes/No).	If your trust guideline advises to cover the patient with a P2Y12 inhibitor, then please indicate the advised number of days of administration preop and postop, as well as any additional information in the columns below.	If the advice that your trust guideline gives depends on other patient factors, then please indicate below (Yes/No).							
		1) Continue COCP, no VTE prophylaxis																						
		2) Continue COCP, additional VTE prophylaxis																						
		3) Suspend COCP																						
		4) None of the above																						
Hospital Trust	Specific Guidelines (Yes/No/Not applicable)	Categories	Suspend	Post-op Suspend (days)	Pre-op Suspend (days)	LMWH (Yes / No)	LMWH Preop (day)	LMWH Postop (day)	LMWH Additional (day)	DOAC (Yes / No)	DOAC Preop (day)	DOAC Postop (day)	DOAC Additional (day)	Aspirin (Yes / No)	Aspirin Preop (day)	Aspirin Postop (day)	Aspirin Additional (day)	P2Y12 (Yes / No)	P2Y12 Preop (day)	P2Y12 Postop (day)	P2Y12 Additional (day)	Other Preop	Patient Dependent	
Liverpool Heart and Chest NHS Foundation Trust	Yes	3			yes	2-6 weeks	Not applicable	Not applicable	No	Not applicable	No	Not applicable	NO	Not applicable	NO	Not applicable	No	Not applicable					Consider stopping 4-6 weeks before major elective surgery where prolonged immobilisation is likely	