



September 15, 2015

aPTT Test

This is a follow up on the Choosing Wisely initiative regarding appropriate utilization of the aPTT test as described in previous memos of October 1, 2013 and May 6, 2015.

The aPTT test should not be used for routine screening for bleeding risk. A bleeding score that is based on the patient's clinical and family history (e.g. menorrhagia, epistaxis, excessive bleeding following previous tooth extraction/s or surgical procedures) and medication list (anticoagulants/anti-platelet agents) is far more predictive of a coagulopathy than the aPTT test.

APTT can be normal in many clinically significant bleeding disorders. Likewise aPTT can be non-specifically prolonged in patients with no bleeding risk. Patients deemed to have a high likelihood of bleeding should be managed in consultation with a clinical hematologist.

The reagent used for the routine aPTT test is not designed to reliably detect lupus anticoagulant (it is deliberately made to be insensitive). For clinical suspicion for antiphospholipid syndrome, please request lupus inhibitor and antiphospholipid antibody tests.

Effective October 1, 2015, aPTT testing in all DSM sites will be limited to monitoring unfractionated heparin therapy *for those few instances in which anticoagulation with LMW heparin is not indicated.*

Test requests outside this context will be rejected unless authorized by a Hematopathologist or Hematologist. Please call the lab for contact information, or contact one of the hematopathologists indicated below.

Please ensure that order sets and care maps in your area are updated to reflect this evidence-based recommendation.

For further questions, please contact:

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