Dear Editor,

The points raised by Al-Kindi are well made and we accept concerns raised about the current lack of reliable reversal agents for the NOACs. This is also relevant to surgeons and interventionists, not least when performing percutaneous ablation therapy for atrial fibrillation, which is now routinely undertaken without discontinuing warfarin in those patients who are on this therapy.¹ There is some early promise with regard to a specific reversal agent for Dabigatran, but large studies involving patients are necessary to adequately assess this and other such products.² Once reversal agents for NOACs are proven to be safe and effective, the use of NOACs are likely to be more widely accepted.

REFERENCES