

# FMLH Algorithm for Management of Perioperative Antiplatelet Therapy

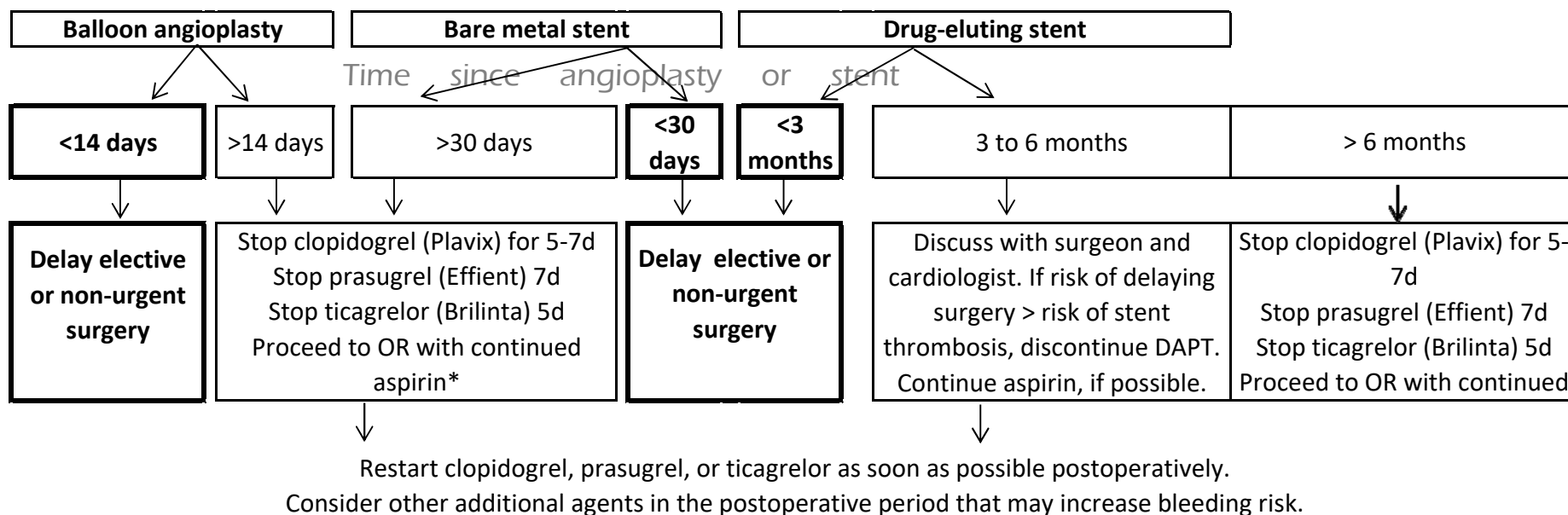


## PREOPERATIVE ASPIRIN MANAGEMENT

### Aspirin Indication

1. Cardiac Stent	>	See Cardiac Stent Algorithm
2. Secondary Prevention- Cardiac, vascular, cerebrovascular disease without a cardiac stent	>	Continuation of aspirin is a risk/benefit discussion based on the bleeding risk of the procedure and indication for antiplatelet therapy
3. Primary Prevention- Risk factors only. No cardiovascular disease	>	Stop aspirin 7 days preoperatively

## CARDIAC STENT ALGORITHM



\*Routine preoperative medication instructions given to patients with cardiac stents include instructions to continue aspirin throughout the surgical period, with the exception of intracranial neurosurgeries and special exceptions requested by the attending surgeon

\*Patients who have discontinued all antiplatelet therapy preoperatively may be given 325 mg chewable aspirin before surgery, after discussion between the anesthesiologist and surgeon.

### Background

Dual antiplatelet therapy (DAPT) which comprises aspirin and P2Y<sub>12</sub> inhibitors (clopidogrel, ticagrelor, and prasugrel), is given to prevent thrombosis of cardiac stents. Stent thrombosis causes major morbidity and mortality, with MI in 40-60% of cases and death in 15-45% of patients. When considering surgical procedures, the risk of bleeding needs to be weighed against the risk of discontinuing antiplatelet therapy. Prior national guidelines regarding duration of DAPT and interruption for noncardiac surgery were based on observations of patients treated with first generation drug-eluting stents (DES). Current literature shows newer generations of DES have a lower risk of stent thrombosis and require a shorter duration of DAPT. Recommendations are based on best available literature and the recommendations of the American Heart Association/American College of Cardiology