## 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

**Background**

Dual antiplatelet therapy (including aspirin and agents such as 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. Recommendations are based on best available literature and the recommendations of the American Heart Association/American College of Cardiology.

*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.

**Delay elective or non-urgent surgery**

- **<14 days**
  - Balloon angioplasty
  - Stop clopidogrel (Plavix) for 5-7d
  - Delay elective or non-urgent surgery

- **>14 days**
  - Bare metal stent
  - Stop prasugrel (Effient) 7d
  - Stop ticagrelor (Brilinta) 5d
  - Proceed to OR with continued aspirin*

- **>4 weeks**
  - Drug-eluting stent
  - <180 days
  - Delay elective or non-urgent surgery

- **>180 days**
  - >180 days—Discuss with cardiologist
  - 180-365 days—Stop clopidogrel (Plavix) for 5-7d
  - >365 days—Stop prasugrel (Effient) 7d
  - Proceed to OR with continued aspirin*

**Consider other additional agents in the postoperative period that may increase bleeding risk.**

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