Routine preoperative medication instructions given to patients with cardiac stents will 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.

1. If an elective procedure is planned, and continuing dual antiplatelet therapy perioperatively is associated with a significant risk of bleeding, the procedure should be delayed until an appropriate course of dual antiplatelet therapy is complete (at least 12 months for drug eluting stents and 90 days for bare metal stents). Aspirin should be continued perioperatively.
2. For procedures that mandate the discontinuation of clopidogrel (Plavix) therapy, aspirin should be continued if at all possible and Plavix restarted as soon as possible postoperatively.

Background

Dual antiplatelet therapy, including aspirin and clopidogrel (Plavix), is routinely given to prevent thrombosis of cardiac stents. Stent thrombosis causes major morbidity and mortality, with myocardial infarction 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. There is no evidence that substituting other anticoagulants such as heparins, warfarin or glycoprotein IIb/IIIa agents reduce the risk of stent thrombosis when antiplatelet agents are discontinued.

Based on available literature and the recommendations of the American Heart Association/American College of Cardiology, the above recommendations are made for management of antiplatelet agents in patients undergoing non-cardiac invasive procedures at Froedtert Hospital.

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