

***Anesthesiology Rounds***  
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**Perioperative Management of Patients with Coronary Artery Stents**

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**Objectives:**

This issue of *Anesthesiology Rounds* will allow the reader to:

- Understand the various types of stents and their perioperative implications
- Recognize an acute coronary stent thrombosis and manage this emergency accordingly
- Be able to manage the anticoagulation regimen in patients with a coronary stent.

**Questions:** (*Only one answer is correct*)

1. What is/are the most common manifestation(s) of stent thrombosis?
  - a. ST elevation myocardial infarction (STEMI)
  - b. Malignant arrhythmias
  - c. Sudden death
  - d. A + B
  - e. B leading to C
2. Ideally, for how long should dual antiplatelet therapy be continued after these interventions? Please match
  - a. Bare-metal stent (BMS)                      1. 12 months
  - b. Balloon dilation only                      2. 2-4 weeks
  - c. Drug-eluting stent (DES)                      3. 4-6 weeks
3. What is the best transition treatment for perioperative dual antiplatelet therapy interruption?
  - a. Warfarin followed by vitamin K, the day of the surgery
  - b. Low-molecular-weight heparin at therapeutic doses
  - c. Compression socks
  - d. Eptifibatide
  - e. Thrombolysis with recombinant tissue plasminogen activation (rTPA) the morning of the surgery
4. Which of the following is NOT a risk factor for stent thrombosis?
  - a. Lesions on the other coronaries
  - b. Left-ventricular dysfunction
  - c. Off-label stent implantation
  - d. Liver failure
  - e. Diabetes

5. What is the optimal treatment of peroperative stent thrombosis during a laparotomy?
  - a. Thrombolysis
  - b. Balloon counterpulsation
  - c. Abort the surgery and go to primary percutaneous coronary intervention (PCI)
  - d. Beta-blockers and acetylsalicylic acid (ASA)
  - e. Heparin at therapeutic doses
  
6. Which of the following surgical procedures requires discontinuation and antiplatelet agents?
  - a. Aortic valve replacement
  - b. Retinal detachment surgery
  - c. Transurethral resection of prostate
  - d. Segmental liver resection
  - e. Total hip replacement
  
7. Stent restenosis occurs:
  - a. After 1 month with BMS
  - b. After 3 months with DES
  - c. After 6 weeks with BMS
  - d. After 1 year with DES
  - e. After 3 months with BMS
  
8. What should be the strategy in a 70-year-old male who received a DES in the left anterior descending coronary artery 6 months ago and is scheduled for a colectomy?
  - a. Stop ASA and clopidogrel for 10 days and start intravenous heparin at a full dose
  - b. Continue ASA and clopidogrel and start coumadin until the surgery
  - c. Add eptifibatide due to perioperative hypercoagulability
  - d. Discontinue clopidogrel and proceed under ASA alone
  - e. Cancel the surgery

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