

Anesthesiology Rounds
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Perioperative Antiplatelet Therapy: A New Approach

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Objectives:

- To describe the risks of hemorrhage associated with continuing antiplatelet therapy up to the time of surgery
- To describe the risks of thrombosis associated with interrupting antiplatelet therapy before surgery
- To propose a management strategy for patients with coronary stents taking antiplatelet therapy
- To determine the risks associated with bare metal and drug-eluting stents in patients undergoing surgery.

Questions: (only one answer is correct)

1. Two weeks before scheduled surgery, you see a patient on antiplatelet agents at the pre-operative clinic. Which one of the following statements is true?
 - a. It is optimal to stop all antiplatelet therapy before surgery.
 - b. Aspirin-clopidogrel dual therapy should be replaced by an anti-inflammatory agent with a half-life (indobufen or flurbiprofen).
 - c. Low molecular weight heparin (LMWH) is a good substitute for clopidogrel.
 - d. There is a potential risk in interrupting antiplatelet therapy prior to surgery.
2. In anticipation of regional anesthesia, which of the following statements is true?
 - a. Treatment with an antiplatelet agent should be stopped 1 to 2 weeks before surgery.
 - b. Spinal anesthesia is contraindicated if the patient is taking aspirin.
 - c. Spinal anesthesia is contraindicated if the patient is on ticlopidine or clopidogrel.
 - d. A peripheral block is contraindicated if the patient is on antiplatelet therapy.

3. With respect to bleeding during surgery:
 - a. Perioperative bleeding increases by approximately 50% in patients taking aspirin prior to surgery.
 - b. Preoperative aspirin increases the need for transfusions.
 - c. There is no increased risk of bleeding during neurosurgical or urological procedures in patients taking aspirin prior to surgery.
 - d. Clopidogrel does not increase the need for transfusions during cardiac surgery.

4. With respect to patients with a stent scheduled for surgery:
 - a. For a patient with a bare metal stent, antiplatelet therapy could be stopped 6 weeks or more after stent implantation.
 - b. Continuing antiplatelet therapy is indicated in the case of a patient with a bare metal stent, regardless of the form of anesthesia or type of surgery.
 - c. Antiplatelet therapy should be continued in a patient with a drug-eluting stent for 3 years after implantation.
 - d. Stopping antiplatelet dual therapy does not increase the risk of a myocardial infarction.

5. Mr X, aged 67 years, is diabetic and has peripheral vascular disease with no known coronary history. He has been treated with aspirin for a long time. He has to undergo a carotid endarterectomy. In the pre-operative clinic 10 days before the operation, you:
 - a. interrupt the aspirin therapy.
 - b. replace the aspirin with a non-steroid anti-inflammatory drug (NSAID)
 - c. add clopidogrel to the treatment.
 - d. replace the aspirin with clopidogrel.
 - e. leave the therapy unchanged.

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