Perioperative Antiplatelet Therapy in Patients with Coronary Stents

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BACKGROUND: Coronary stents pose a challenge in the perioperative period. Given the anecdotal evidence and case series suggesting that DESs may be more vulnerable to thrombosis on discontinuation of antiplatelet agents (APT) than are bare-metal stents (BMS), we sought to quantify this risk.

METHODS: We evaluated all patients who underwent noncardiac surgery (NCS) between January 2005 and December 2007. Outcome measures included 30-day rate of postoperative myocardial infarction (MI), stent thrombosis, major bleeding, and all-cause mortality.

RESULTS: We identified 226 Patients (BMS=193, DES= 33) who underwent NCS a median of 891(range 7-3652) days after stent placement. Twenty seven patients (12%) underwent surgery within 180 days of stenting, 7 of whom (3%) underwent surgery within 90 days of stenting.

One hundred and thirty seven (60%) discontinued all APT a median of 7days before surgery. Twenty four patients (10%) suffered any postoperative acute coronary syndromes, Five (2%) developed myocardial infarction, one patient died. Three (1.5%) patients developed major bleeding and six (3%) minor bleeding. There was no difference whether they were taking APT or not. The rate was not dependent on stent type.

CONCLUSIONS: These data suggest that the overall risk of stent thrombosis is low in low-risk NCS patients with BMS and DES, particularly those who have undergone at least 180 days after stent implantation, even after complete discontinuation of APT.

	Stopped	%	Continued	%	
No complications	**117**	**84**	**78**	**89**	**195**
ACS	**16**	**12**	**8**	**9**	**24**
BLEEDING	**6**	**4**	**2**	**2**	**8**
	139		**88**		**227**