

ASPIRIN and SURGERY

Patients fall into one of the following 3 categories (Excludes stents):

1. LOW THROMBOTIC RISK PATIENTS SHOULD STOP ASPIRIN 7 DAYS PRIOR TO ANY SURGERY
Low risk patients have NONE of the following ACC/AHA indications for aspirin: 2° Prevention <ul style="list-style-type: none">• Coronary disease• Cerebrovascular disease• Peripheral vascular disease 1° Prevention For patients at significant risk of arterial disease i.e. <ul style="list-style-type: none">• Male + Diabetes + > 50 yo• Female + Diabetes + > 60 yo + one of Smoking/HT/FHx/Albuminuria/HChol
2. HIGH RISK PT SHOULD CONTINUE ASPIRIN EXCEPT FOR HIGH BLEEDING RISK SURGERY
3. STOP ASPIRIN 7 DAYS FOR HIGH BLEEDING RISK / CLOSED SPACE SURGERY:
Intracranial, Spinal Airway and Thyroid TURP, TURBT Major Solid Abdominal Organ removal Thoracic Middle ear Posterior eye <i>Surgeons who prefer an alternative plan must indicate on RFA as this protocol will be applied in PAC</i>

References:

BMJ 2002;324:71

[Antithrombotic Trialists' Collaboration](#). Collaborative meta-analysis of randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients. *BMJ* 2002;324:71

Biondi-Zoccai GG. A systematic review and meta-analysis on the hazards of discontinuing or not adhering to aspirin among 50,279 patients at risk for coronary artery disease. *Eur Heart J*. 2006 Nov;27(22):2667-74

Oscarsson. To continue or discontinue aspirin in the perioperative period: a randomized, controlled clinical trial. *Br. J. Anaesth* 2010

Mantz J. Impact of preoperative maintenance or interruption of aspirin on thrombotic and bleeding events after elective non-cardiac surgery: the multicentre, randomized, blinded, placebo-controlled, STRATAGEM trial. *Br J Anaesth*. 2011 Dec

Summary of Recommendations for Aspirin Use to Prevent Cardiovascular Disease: https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_432593.pdf