Perioperative Management of Patients on Antiplatelet Medication (Elective Surgery)

TARGET AUDIENCE	Anaesthesia & surgery pre-assessment department
PATIENT GROUP	All patients listed electively for a surgical procedure on antiplatelet drugs

Clinical Guidelines Summary

Aspirin and P2Y12 Inhibitors: Aspirin and Clopidogrel, Prasugrel or Ticagrelor.

There is a risk of adverse cardiovascular events if antiplatelet agents are omitted which must be balanced with the risk of bleeding if the antiplatelet agents are continued. **Aspirin can be continued without interruption in almost all surgery except situations below.**

Where a patient is on clopidogrel, prasugrel or ticagrelor monotherapy; this should be changed to aspirin (dipyridamole if aspirin intolerant) for 7 days pre-operatively. Clopidogrel, prasugrel or ticagrelor monotherapy should be restarted as soon as possible post-operatively.

There are **exceptions** for surgery in confined spaces. These include brain and medullary canal. Note that these are not routinely performed in Lanarkshire.

In prostate surgery where aspirin in dose >75mg, this should be reduced to 75mg.

With clopidogrel, prasugrel and ticagrelor, there is a risk of spinal or epidural haematoma if continued prior to neuraxial anaesthesia (spinal or epidural). Aspirin is considered safe as monotherapy in neuraxial techniques.

Where possible, surgery should be delayed until courses of dual antiplatelet therapy are completed following drug eluting coronary stent placement.

Where possible, surgery should be delayed until 3 months following acute thromboembolic stroke.

Where elective surgery is urgent, decisions on withholding or substituting antiplatelet drugs may not be straightforward (i.e. a short time after stroke or acute coronary syndromes). Risk/benefit discussion should occur with input from anaesthetist/surgeon/cardiologist/stroke physician.

Antiplatelet Agent	Duration to withhold preoperatively
Aspirin	Continue – see above for exceptions
Clopidogrel	7 days
Prasugrel	7 days
Ticagrelor	5 days

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NHS Lanarkshire

Perioperative P2Y12 Inhibitor Decision Aid (Clopidogrel/Prasugrel/Ticagrelor):

LOW Bleeding Risk Procedures

Any of the following:

- Cutaneous lumps
- Cataracts
- Colonoscopy with no biopsy
- Cephalic fistula
- Dental

Continue Clopidogrel, prasugrel, ticagrelor

HIGH Bleeding Risk Procedures

Anything else

Assess thrombotic risk

High Risk

Low Risk

Stop and replace clopidogrel, prasugrel or ticagrelor with aspirin for 7 days

Antiplatelets for stroke

For carotid endarterectomy, proceed and continue DAPT.

For all other surgery, defer 3 months post-CVA if possible.

Usually, 3/52 DAPT. If requiring surgery <3/52, discuss with stroke consultant.

Antiplatelets for CAD/PCI

Preferably defer until 6 months following PCI.

If urgent surgery (less than 6 months following intervention), discuss with cardiology consultant.

If proceeding, cease prasugrel/clopidogrel and continue aspirin.

Patients may be on a single antiplatelet agent and anticoagulated. Anticoagulants (e.g. warfarin/DOAC) should be withheld for the shortest period possible. Withholding of anticoagulants less than 6 months following PCI should also be discussed with cardiology consultant.

Abbreviations:

- Coronary artery disease (CAD)
- Percutaneous coronary intervention (PCI)
- Dual antiplatelet therapy (DAPT)
- Cerebrovascular accident (CVA)
- Direct oral anticoagulants (DOAC)
- Drug eluting stent (DES)

Caveats

Some elective PCI cases are complex and may be as high risk for stent thrombosis as primary PCI cases.

Drug eluting balloon angioplasty without stent placement is becoming more common and antiplatelets in this context should be managed as per DES guidance in the first instance.

If there is any doubt as to how to proceed, discussion with a cardiologist or stroke physician as relevant is strongly advised. Early cessation of antiplatelet agents and surgery shortly after stroke or myocardial infarction and PCI is associated with significant risk of cardiovascular complications.

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Restarting Antiplatelet Drugs

In most cases the antiplatelet medication should be restarted the morning after surgery unless there are ongoing bleeding concerns. In this case the surgeons will direct the drug to be withheld.

Antiplatelet drugs can be restarted 6 hours after spinal anaesthesia or removal of epidural catheter.

Glycoprotein IIB/IIIA inhibitors

In general, the cardiac surgical and interventional radiology literature recommend that elective surgery should be delayed in these patients. Discuss with Cardiology/Vascular surgeon/Cardiac surgeon who started the drug.

GP IIb/IIIa antagonists are contraindicated within 4 weeks of surgery, should one be administered in the postoperative period (after a neuraxial technique), it is recommended that the patient be carefully monitored neurologically.

Delay emergency surgery if possible - check platelet and coagulation status pre-theatre.

Glycoprotein IIB/IIIA inhibitors	Duration to withhold preoperatively
Abiciximab	Delay for 48 hours after administration. Within 12 hours of administration would likely require platelet transfusion
Eptifibatide	Delay for 8 hours after administration
Tirofiban	Delay for 8 hours after administration

Adenosine reuptake inhibitors, Platelet reducing agents and Phosphodiesterase Inhibitors:

Agent	Advice for surgery
Dipyridamole	Can continue (**with the exception** of some spinal, ophthalmology and neurosurgical procedures – stop the day before)
Anagrelide	Discuss with haematologist – platelet count should recover within 4 days of stopping
Cilostazol	Stop for 7 days

References/Evidence

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3. Regional Anaesthesia in the Patient Receiving Antithrombotic or Thrombolytic Therapy: American Society of Regional Anaesthesia and Pain Medicine Evidence-Based Guidelines, 4th Edition
4. Peri-operative management of anticoagulation and antiplatelet therapy. David Keeling, R. Campbell Tait and Henry Watson on behalf of the British Committee for Standards in Haematology 2016
5. UK Clinical Pharmacy Association, Perioperative medicine Handbook, Dual Antiplatelet therapy, 2022
6. Regional Anaesthesia and Patients with Abnormalities of Coagulation: The Association of Anaesthetists of Great Britain & Ireland, The Obstetric Anaesthetists' Association, Regional Anaesthesia UK 2013.
7. Guideline for Perioperative Cardiovascular Management for Noncardiac Surgery. AHA/ACC/ACS/ASNC/HRS/SCA/SCCT/SCMR/SVM. 2024.

Appendices

1. Governance information for Guidance document

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CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version**
		e.g. Review, revise and update of policy in line with contemporary professional structures and practice	1
			2
			3
			4
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