

# Minimum Antiplatelet Therapy for Planned Elective Coronary Stent Insertion or Angiography with view to Stent Insertion

These are current recommendations approved by EHC/SHC Medical Advisory Committee as at May 2012

## Pre Procedure

- Aspirin 100mg and clopidogrel 300mg / prasugrel 60mg > 2 days pre procedure followed by aspirin 100 mg daily and clopidogrel 75 mg / prasugrel 10mg daily including day of the procedure **OR**
- Aspirin 100mg daily and clopidogrel 75 mg / prasugrel 10mg daily  $\geq$  5 days pre procedure

## Post Procedure

- Aspirin 100mg twice daily for 2 weeks followed by 100mg daily indefinitely and clopidogrel 75mg / prasugrel 10mg daily for a minimum of 12 months unless otherwise directed by treating Cardiologist.

## Duration of Antiplatelet Therapy

- Dual antiplatelet therapy should continue for a minimum of 12 months following insertion of a drug – eluting stent such as Xience, Endeavour / Integrity Resolute, Promus, Cypher or Taxus or for a minimum of 3 months following insertion of an uncoated / bare metal stent. Discontinuation of therapy within this time frame is associated with a high risk of stent thrombosis (see overleaf)
- Single antiplatelet therapy with aspirin, clopidogrel or prasugrel should continue indefinitely following the minimum period of dual antiplatelet therapy.

## Additional Considerations

- Premature discontinuation of dual antiplatelet therapy or interruption of single antiplatelet therapy should be discussed with the treating Cardiologist except in an emergent situation
- Insertion of a coronary stent in the setting of an acute coronary syndrome should be followed by a minimum of 12 months of dual antiplatelet therapy

# Perioperative Management of Antiplatelet Therapy in Patients with Coronary Stents

## General Considerations

- Premature cessation of antiplatelet therapy following coronary stenting is associated with a high risk of stent thrombosis and consequent myocardial infarction
- This risk diminishes significantly 3 months following implantation of a bare metal stent and 6-12 months following implantation of a drug eluting stent
- Most surgical procedures can be performed safely on aspirin. Exceptions are spinal, intracranial, extraocular, TURP and major plastic reconstructive procedures
- All elective surgery should be delayed during the period of highest risk

	<b>Bare Metal Stent</b>	<b>Drug Eluting Stent</b>	<b>Management Considerations</b>
<b>High Risk</b> 5-10%*#	< 3 months post implantation	< 12 months post implantation	Consultation with Cardiologist. Emergency surgery only at a centre with 24/7 angioplasty capability. Recommence dual oral antiplatelet therapy as soon as possible postoperatively.
<b>Low Risk</b> 3%*#	> 3 months post implantation	> 12 months post implantation	Cease clopidogrel / prasugrel 1 week preoperatively. Surgery on uninterrupted aspirin therapy if at all possible. Recommence oral antiplatelet therapy as soon as possible postoperatively.

\* Discontinuation of both aspirin and thienopyridine

# Individual risk varies with clinical and anatomic factors