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 ≥ 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

<table>
<thead>
<tr>
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<th>Bare Metal Stent</th>
<th>Drug Eluting Stent</th>
<th>Management Considerations</th>
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</thead>
<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td>&lt; 3 months post implantation</td>
<td>&lt; 12 months post implantation</td>
<td>Consultation with Cardiologist. Emergency surgery only at a centre with 24/7 angioplasty capability. Recomence dual oral antiplatelet therapy as soon as possible postoperatively.</td>
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<tr>
<td><strong>Low Risk</strong></td>
<td>&gt; 3 months post implantation</td>
<td>&gt; 12 months post implantation</td>
<td>Cease clopidogrel / prasugrel 1 week preoperatively. Surgery on uninterrupted aspirin therapy if at all possible. Recomence oral antiplatelet therapy as soon as possible postoperatively.</td>
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* Discontinuation of both aspirin and thienopyridine  
# Individual risk varies with clinical and anatomic factors