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2016 update on antithrombotic therapy: Implications of novel oral anticoagulants and new antiplatelet agents on cardiac surgical practice

Over the past decade, there have been remarkable changes in our approach to antithrombotic therapy. Our therapeutic options have been enriched by the availability of new antiplatelet agents; more potent P2Y₁₂ inhibitors, protease-activated receptor inhibitors and new anticoagulants; novel oral anticoagulants which inhibit factors IIa or Xa, low molecular weight heparins and intravenous direct thrombin inhibitors have dramatically changed the way we approach patients who require antithrombotic therapy. There are new inhibitors available which permit the safe and effective reversal of over dose of some of these agents, or reduction of effect if emergency surgical interventions are necessary. Past studies informing the use of anticoagulants such as heparin and warfarin and antiplatelet agents such as aspirin were performed in patient cohorts of generally less than 1,000; modern trials leading to FDA approval generally randomize 10,000-25,000 patients. There are now accepted protocols that guide the cardiac surgical team in the safe management of these agents during the peri operative period which will be discussed in this presentation.

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