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Prospective study of preoperative patients for CABG: Was the P2Y12 inhibitor stopped according to the guidelines?

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Continuation of DAPT until CABG increases the risk of excessive perioperative bleeding, transfusions and re-exploration for bleeding as shown in RCTs observational studies and meta-analyses. Therefore, it is recommended that the P2Y12 inhibitor be discontinued whenever possible before elective CABG. Alternatively, elective operations may be postponed until the DAPT treatment period is completed. For Clopidogrel, it was shown in the CABG sub-study of the CURE trial that discontinuation ≥ 5 days before CABG did not increase the risk of bleeding complications. For Prasugrel, a longer time interval (7 days) is recommended due to the longer offset time compared to Clopidogrel. In patients on P2Y12 inhibitors who need to undergo non-emergent cardiac surgery, postponing surgery for at least 3 days after discontinuation of Ticagrelor, at least 5 days after Clopidogrel and at least 7 days after Prasugrel should be considered. We collected prospective data on 150 consecutive patients who were admitted with ACS from 1st October 2017. 21 patients were on Clopidogrel, 8 patients were on Ticagrelor and only 1 patient was on Prasugrel. 10 patients Clopidogrel was stopped less than 5 days before surgery. Ticagrelor and Prasugrel were paused appropriately. However, there was significant delay in between stopping and the day of surgery in multiple patients. The safe discontinuation interval varies between the different P2Y12 inhibitors due to variations in platelet inhibitory effect and pharmacodynamics and pharmacokinetic properties. Appropriate stopping of P2Y12 inhibitors should be considered before surgery according to the guidelines to achieve successful perioperative haemostasis.

Biography

Mohammad M R Miah has completed his MRCS in 2016 from Royal College of Surgeons of England. He is working in Surgery as a middle grade Surgeon under NHS England. He has completed multiple audits and quality improvement project as a lead Auditor and presented in many national and international conferences.