

ANTIPLATELET THERAPY

SURGERY SHOULD NOT INTERRUPT TREATMENT

Complete interruption of oral antiplatelet therapy (OAT) during invasive, noncardiac procedures in patients with coronary stents is associated with an increased risk of major adverse cardiac and cerebrovascular events (MACCE). Notably, maintaining OAT is not independently related to major bleeding. These findings from the RECO study have been reported by Albaladejo and colleagues in *Heart*.

“There is currently a lack of clear guidance regarding treatment interruption,” write the authors. “A decision ... may be complicated by the existence of risk factors that are associated with both ischemic and bleeding events.”

This prospective observational investigation was conducted at 47 centers in France and included 1,134 patients who underwent a noncardiac procedure after bare-metal or drug-eluting stent implantation. OAT comprised aspirin alone in 39.6% of patients, clopidogrel alone in 21.7%, and dual therapy in 33.1%. Complete interruption of OAT occurred in 28.9%, 34.1%, and 15.7% of those who received aspirin alone, clopidogrel alone, and dual therapy, respectively.

MACCE occurred in 10.9% of all patients; the majority of these events (57.2%) were myocardial infarctions. Interruption of OAT for ≥ 5 days was associated with a greater than twofold increase in the risk of MACCE (OR 2.11, 95% CI 1.23–3.63; $P=0.007$). Other independent predictors of MACCE included high-risk and urgent invasive procedures. Bleeding events occurred in 9.5% of all patients, with most bleeds originating at the surgical access site. Interruption of OAT did not significantly increase the risk of major bleeding.

In the light of their findings, the authors recommend that OAT be maintained throughout surgical procedures in patients with coronary stents; however, in rare cases where interruption cannot be avoided, “a delay between interruption and surgery of <5 days is strongly advised”.

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Original article Albaladejo, P. *et al.* Noncardiac surgery in patients with coronary stents: the RECO study. *Heart* doi:10.1136/hrt.2011.224519