PATIENTS WITH CORONARY ARTERY STENTS PERIOPERATIVE CONSIDERATION

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Anesthiologists are increasingly being confronted with patients with recently implanted coronary artery stents who are in need of surgery either cardiac or noncardiac. Continued antiplatelet therapy through the perioperative period might increase the risk of surgical bleeding, while its interruption predisposes to stent thrombosis. Previous studies have observed a high incidence of adverse events following surgery after bare-metal (BMS) or drug-eluted stent (DES) placement.

The objective of this presentation is to understand the design and rational for development of drug eluting stents with all its perioperative risks, recognize the anesthetic implications of recent cardiac stent implantation, and review the guidelines for antiplatelet therapy and the timing of surgery after placement of bare metal or drug eluting stent.

When considering the risks and management strategy of noncardiac surgery in patients with coronary artery stent, the guidelines recommend delaying elective surgery for at least 6 weeks after BMS implantation and 1 year after DES with cautions that some risk does extend beyond these time frames. Discontinuing antiplatelet agents before surgery for as short a time as possible to reduce risks for excessive bleeding associated with any surgical procedure. For patients who already have a drug-eluting coronary stent and require emergent noncardiac surgery, aspirin therapy should be continued if possible and prescription agents (colpidogrel) resumed as soon as possible.