

Antiplatelet Therapy for Coronary Stent Insertion

Pre treatment for planned procedure

- Aspirin 100mg and clopidogrel 300mg > 2 days pre procedure followed by aspirin 100 mg daily and clopidogrel 75 mg daily including day of the procedure
- OR
- Aspirin 100mg daily and clopidogrel 75 mg daily \geq 5 days pre procedure including day of the procedure

Prasugrel or ticagrelor may be prescribed instead of clopidogrel in certain circumstances

Antiplatelet therapy Post Procedure

- In patients undergoing stenting for stable coronary artery disease dual antiplatelet therapy (DAPT) should continue for 6-12 months following insertion of a drug eluting stent and for a minimum of 3 months following insertion of a bare metal stent.
- 12 months of DAPT is indicated for drug-eluting or bare metal stents inserted in the context of an acute coronary syndrome.
- Single antiplatelet therapy should continue indefinitely following the period of DAPT except in certain circumstances such as concomitant therapy with an oral anticoagulant (where all antiplatelet agents can be discontinued 1 year following an uncomplicated stent procedure) or where there is an unacceptable bleeding risk.
- Premature discontinuation of antiplatelet therapy is associated with an increased risk of stent thrombosis and should only be considered after consultation with the treating cardiologist in the following situations
 1. High bleeding risk
 2. Patient requires undeferrable surgery

These are current recommendations approved by
EHC/SHC Medical Advisory Committee as at May 2015

For a list of our Doctors and their contact numbers please go to
www.ehc.com.au or www.sutherlandheartclinic.com.au

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

	Bare Metal Stent	Drug Eluting Stent	Management Considerations
High Risk*	< 3 months post implantation	< 6 months post implantation	Consultation with Cardiologist. Emergency surgery only at a centre with 24/7 angioplasty capability. Recommence dual oral antiplatelet therapy as soon as possible postoperatively.
Low Risk*	> 3 months post implantation	6-12 months post implantation	Temporary or permanent discontinuation of Clopidogrel/Prasugrel/Ticagrelor 1 week preoperatively. Surgery on uninterrupted aspirin therapy if at all possible. Recommence aspirin or other antiplatelet therapy as soon as possible postoperatively.

* Individual risk varies with clinical and anatomic factors