

MEETING ABSTRACT



Preoperative aspirin continuation versus replacement therapy with low molecular weight heparin before coronary surgery: effects on postoperative bleeding risk

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Background/Introduction

Management of preoperative antiplatelet therapy in coronary surgery is still variable among surgeons. Guidelines collide with prejudices: replacement of aspirin with low molecular weight heparin (LMWH) is still performed in many Centers due to a presumed minor risk of intraoperative bleeding, even though supporting evidences are weak and detrimental effects are well-described.

Aims/Objectives

The purpose of this study is to analyse postoperative bleedings in patients scheduled for elective primary isolated on-pump coronary artery bypass grafting (CABG), depending on preoperative continuation of aspirin or its replacement with LMWH, since direct and unbiased comparisons are lacking.

Method

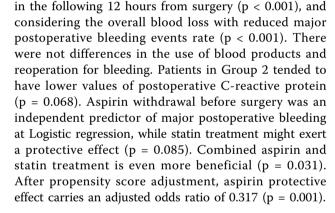
Retrospectively, 200 patients were included in Group 1, in which aspirin was stopped at least five days before surgery and replaced with enoxaparin, and 200 patients in Group 2, in which aspirin was continued until surgery. Postoperative bleedings and surgical complications were monitored during hospitalization.

Results

Postoperative bleeding was lower in Group 2 compared to Group 1 in the first hour after operation (p = 0.005),

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Discussion/Conclusion

Postoperative bleeding was reduced in patients who continued aspirin until the day of surgery compared to patients who replaced it with LMWH. This finding may be due to a reduction in postoperative inflammatory reaction, since statin treatment played a protective role and C-reactive protein levels tended to be reduced in patients who continued aspirin.

Authors' details

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