

PRAGUE-14

Perioperative cardiovascular complications versus perioperative bleeding in patients with cardiovascular disease undergoing non-cardiac surgery.

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DECLARATION OF INTEREST

- I have nothing to declare

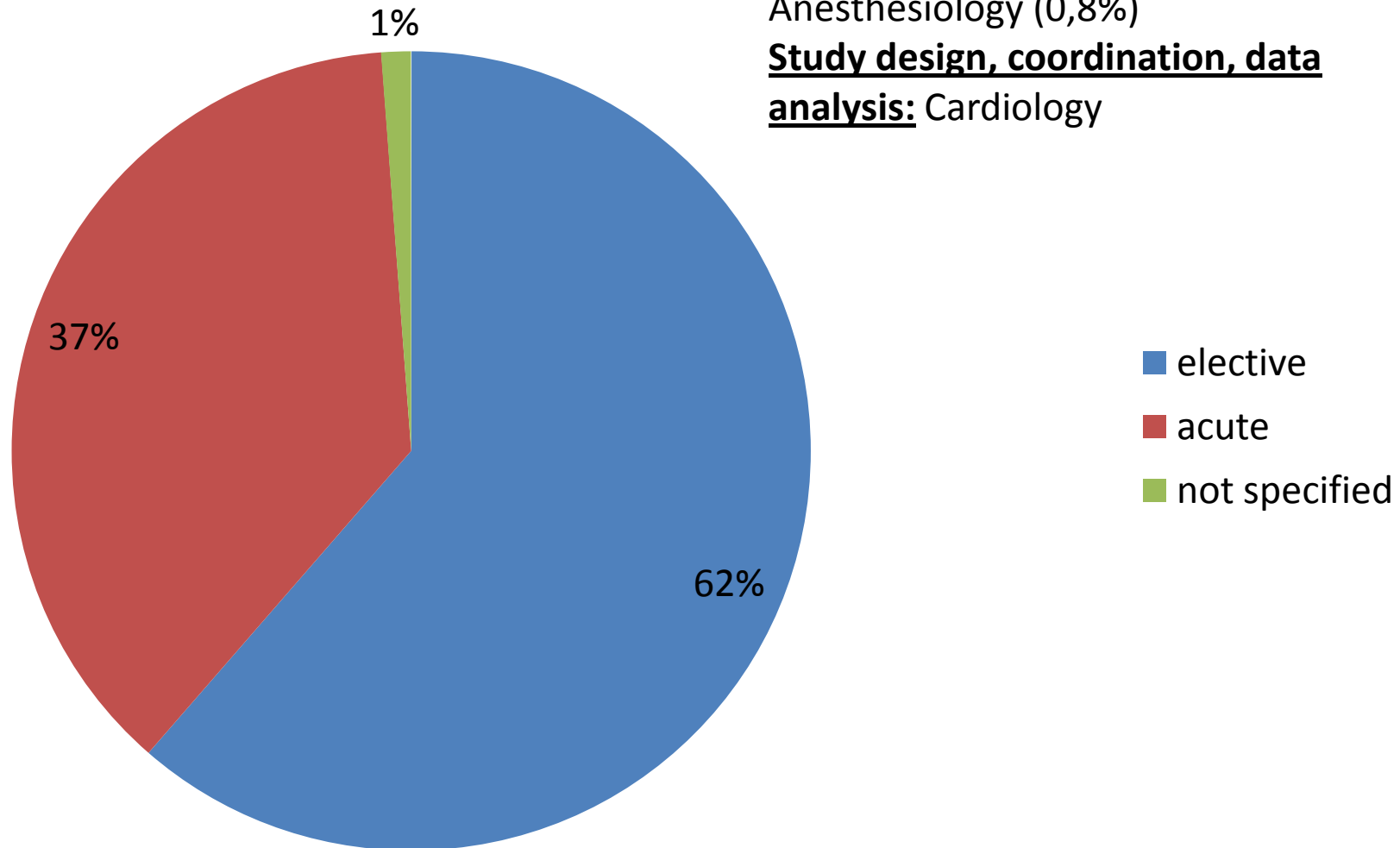
Patients, type of surgery

N = 1211 (all pts. with CV disease undergoing major non-cardiac surgery during the study period 2011–13 (6,3% of 18 951 surgical pts)
General anesthesia in 64,4%

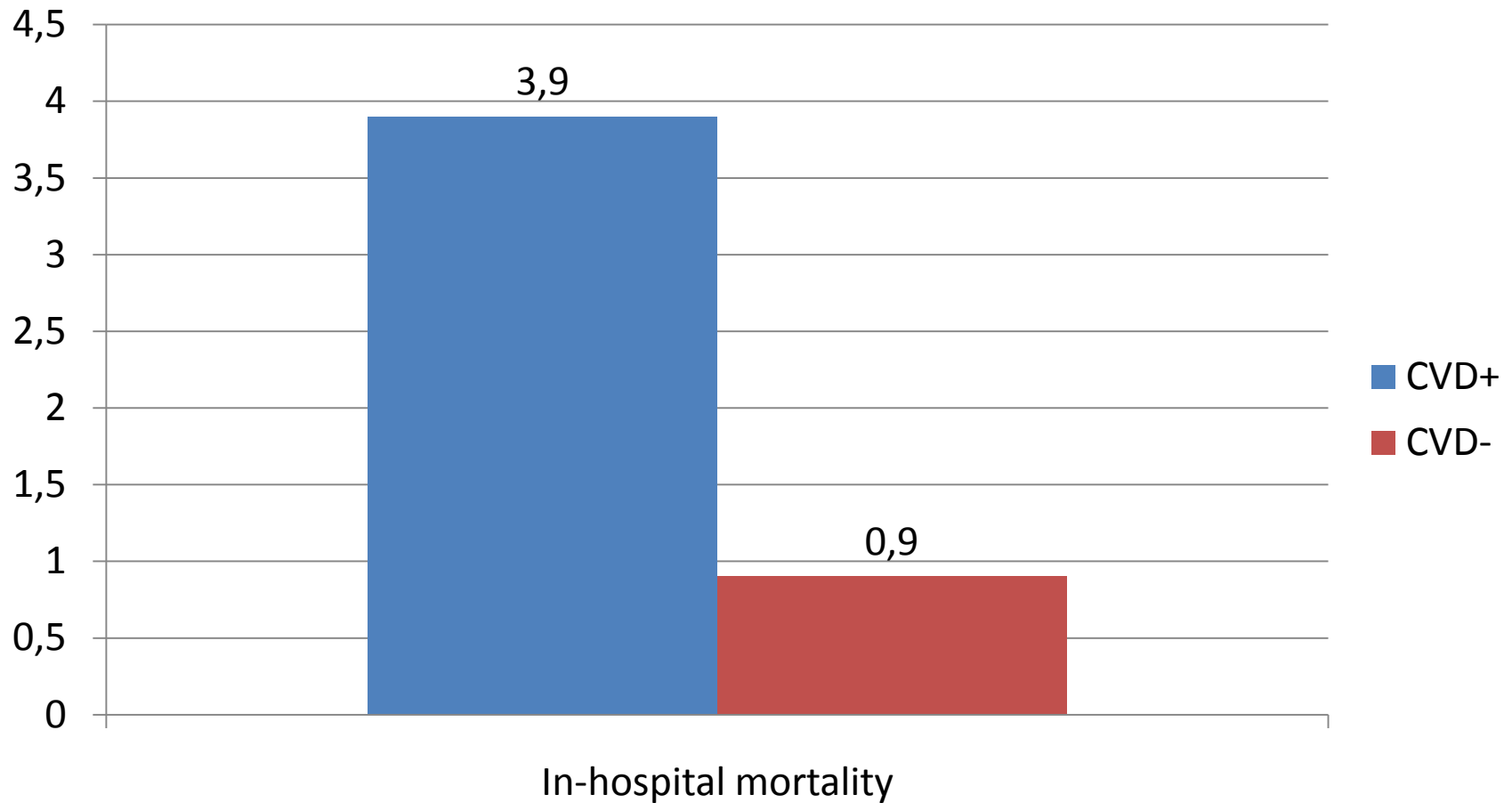
Enrolling surgical departments:

General surgery (43,3% pts)
Trauma / orthopedic surgery (39,9%)
Urology (10,5%)
Neurosurgery (5,5%)
Anesthesiology (0,8%)

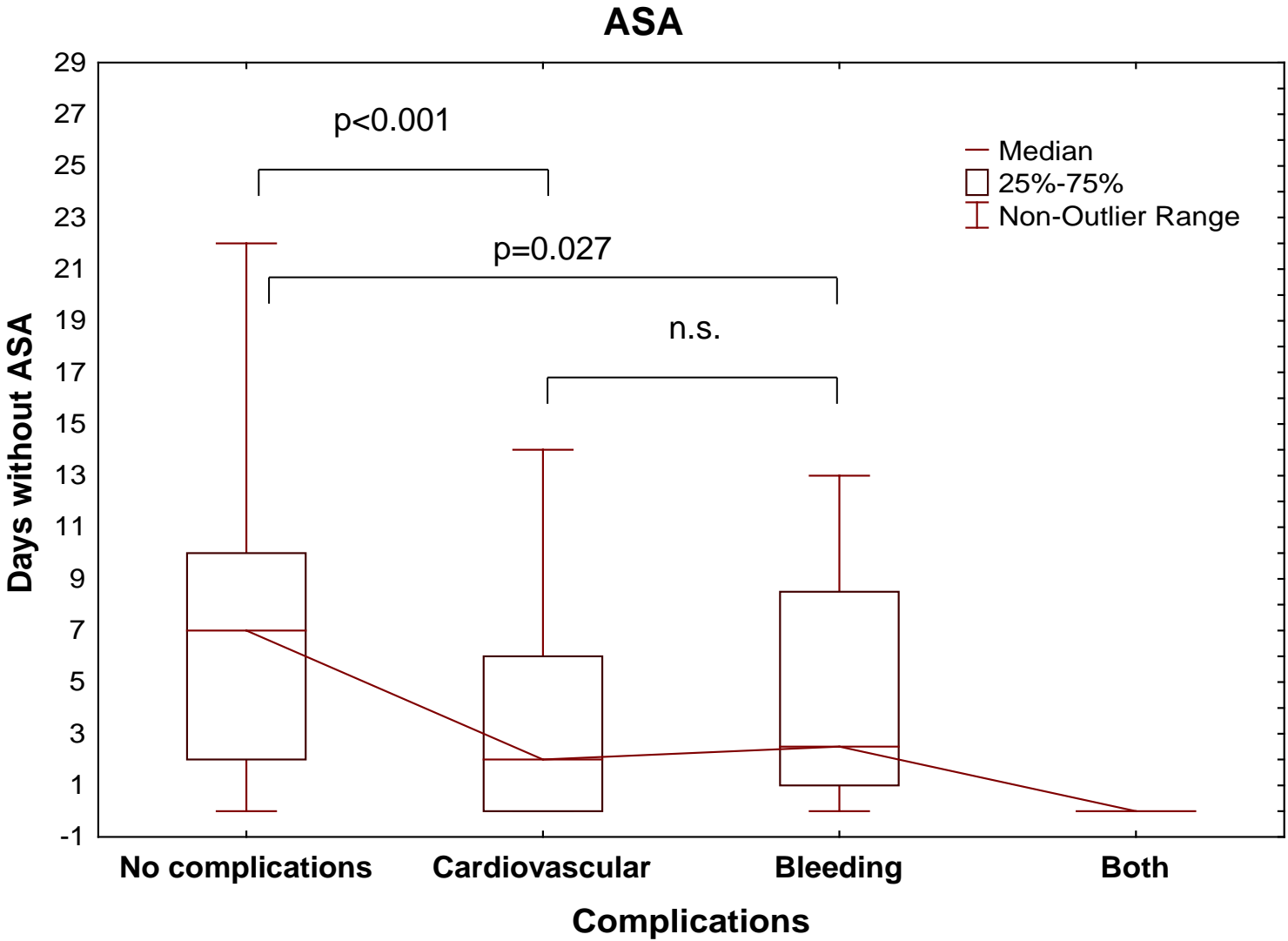
Study design, coordination, data analysis: Cardiology



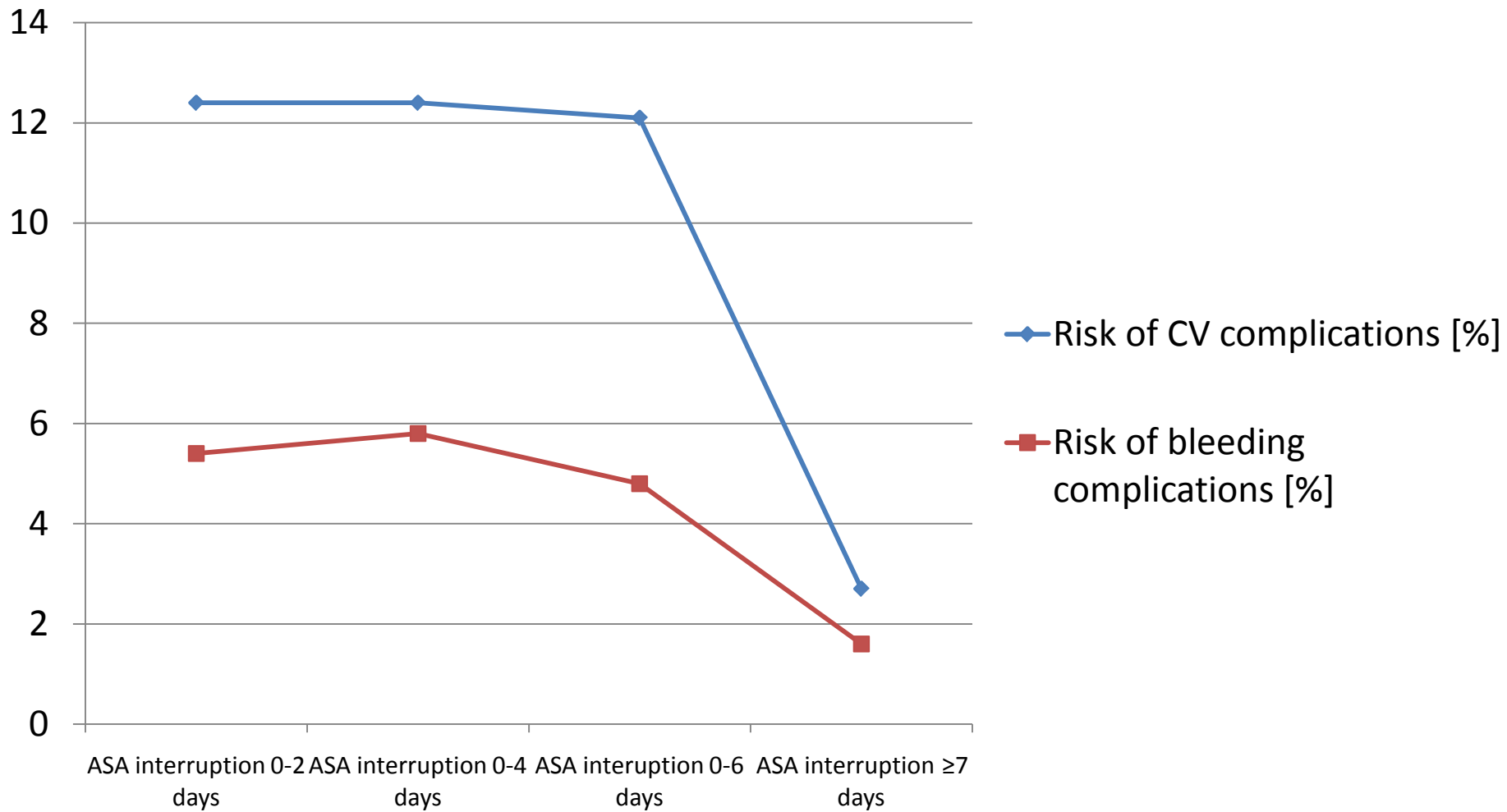
In-hospital mortality of patients with a cardiovascular disease (n=1200) vs. those without CVD (n=17740)



Duration of ASA interruption in subgroups per complication type



ASA interruption [days] vs. complication risk [%]



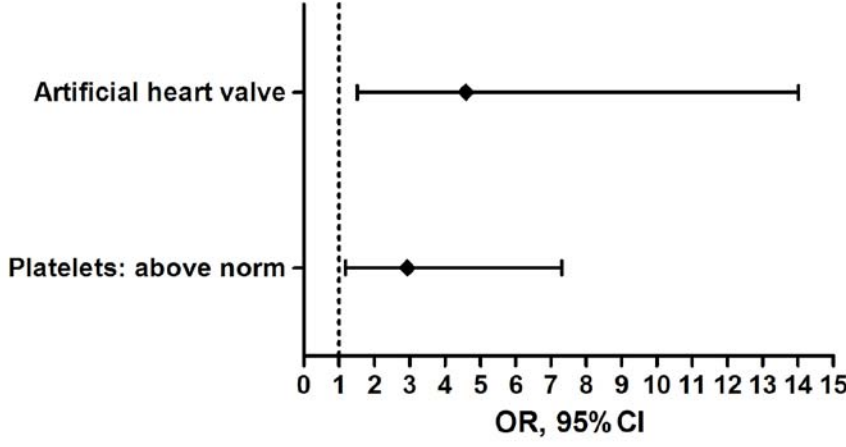
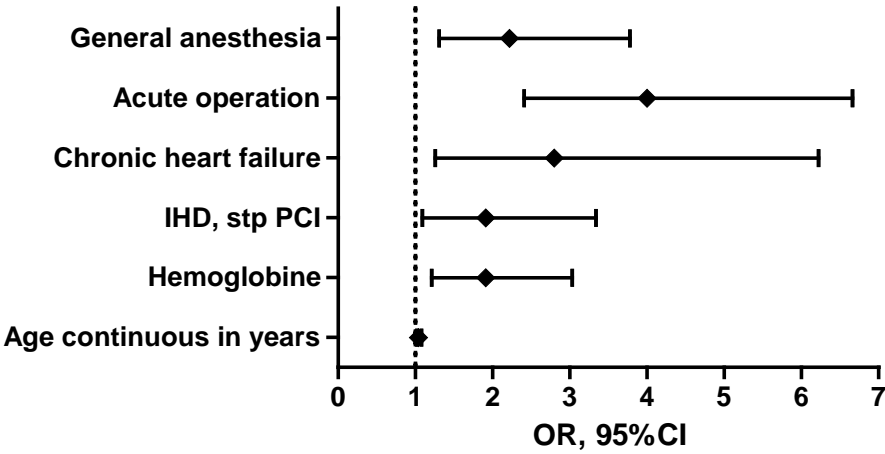
Risk factors for complications (multivariate analysis)

Cardiovascular complications

Bleeding complications

Perioperative ischemia -
multivariate-adjusted estimates of odds ratios

Perioperative bleeding
multivariate-adjusted estimates of odds ratios



How to interpret data on ASA interruption ?

- **Patients with no (or only short) ASA interruption before surgery had more bleeding complications as well as more cardiovascular complications than those in whom ASA was stopped at least one week before surgery.**
- **However, multivariate statistical analysis did not find this to be an INDEPENDENT factor.**
- **Most likely this is related to the fact, that short ASA interruption was mostly among patients undergoing acute surgery (with inherent higher risk)**
- **A more detailed analysis focused on a subgroup of elective surgical patients is planned**

Conclusion

- Perioperative cardiovascular complications in non-selected pts with cardiovascular diseases who undergo non-cardiac surgery are rare.
- Antithrombotic therapy interruption shortly before surgery was not associated with lower risk of perioperative cardiovascular complications in the overall population
- Among elective surgical patients there was a trend towards increased risk of complications when ASA was stopped 4-8 days prior to surgery.