

John A. Goudevenos is Professor of Cardiology in the School of Medicine, University of Ioannina, Greece. He graduated with distinction from the Medical School, University of Athens. He was a Research Fellow at Regional Cardiothoracic Centre, Freeman Hospital, U.K., and obtained the Certificate of Full Registration as a Medical Practitioner and he was Research Fellow, Senior Registrar and Registrar in Tertiary Regional Cardiothoracic Centre, UK.. He has authored more than 300 papers, 4 of which were followed by Editorial. According to SCOPUS he's got 4500 citations and H-index 34.

## **Perioperative management of anticoagulant and antiplatelet therapy**

Goudevenos John: FACC, FESC. Professor of Cardiology President elected of Hellenic Society of Cardiology

A significant number of patients with stents or atrial fibrillation (AF) under antiplatelet or anticoagulant (warfarin or DOACs) therapy respectively undergo noncardiac surgery and may require therapy interruption. This poses a significant clinical dilemma because antithrombotic therapy interruption exposes patients to the potential risk of stent thrombosis, or stroke. Conversely, continuing therapy may be associated with excess bleeding complications. In patients with AF who are receiving a DOAC, simple interruption and resumption protocols are available but require validation in prospective studies. Finally, while continuation of aspirin appears safe for cardiac surgery, high-quality data are lacking to discern which the best perioperative strategy is for patients on other antiplatelet agents or DOACs.

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