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Perioperative management of anticoagulant and antiplatelet therapy
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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.