

Kongress: 11th Int. Congress of Cardiothoracic and Vascular Anesthesia  
Name: luca Salvi  
Abstract Nr.: 12  
Kategorie: Complications  
Vortragssprache: E  
Vortragsart: P  
Erstautor: Dr. Luca Salvi, IRCCS Centro Cardiologico Monzino, Milano  
Coautoren: Dr. Claudio Brambillasca, IRCCS Centro Cardiologico Monzino, Milano  
Dr Sebastiana Gregu, IRCCS Centro Cardiologico Monzino, Milano  
Dr Cristina Beverini, IRCCS Centro Cardiologico Monzino, Milano  
Dr. Erminio Sisillo, IRCCS Centro Cardiologico Monzino, Milano  
Abstracttitel: MAJOR ADVERSE CARDIAC EVENTS IN PATIENTS WITH CORONARY STENTS

---

Patients with implanted coronary artery bare metal (BMS) or drug eluted stents (DES) and submitted to surgery, are at increased risk of stent thrombosis leading to severe perioperative cardiac events.

**Methods:** All consecutive patients having a coronary stent and undergoing cardiac or vascular procedures were prospectively studied for incidence of major perioperative cardiac events (MACE) and bleeding. Early surgery was defined if conducted within six weeks after BMS or six months after DES stent placement. Antiplatelet therapy discontinuation was at the discretion of the surgeon or the cardiologist in charge.

**Results:** Ninety-seven pts (10.8%) out of 897 were formerly implanted with a coronary stent (66% BMS and 34% DES). Comorbidities included previous MI in 56%; diabetes in 18.5%; renal failure in 5.1%; LVEF < 40 % in 13.4%. In 9% of the pts surgery was performed as an urgency or emergency. All pts were on ASA and 25 on dual antiplatelet drugs. Overall MACEs were 5.1%, all but one fatal. Incidence of MACE was higher (18% vs. 1.3%,  $p < 0.0089$ ) in the early surgery group but was not different between pts with BMS and those with DES (4.7% vs. 6%, ns) as well between pts interrupting antiplatelet drugs and those continuing (5.5% vs. 4.9%, ns). We report two re sternotomy for bleeding and one rinopharyngeal bleeding requiring transfusions.

**Discussion:** An impressive increase of MACEs in the early surgery group was documented. Data from this preliminary study suggest that antiplatelet therapy discontinuation seems less critical than time of surgery.