

Surgery and Dual Anti-Platelet Therapy (DAPT) after Coronary Stent

Advances in stents for coronary artery disease have resulted in a revision of national guidelines regarding how DAPT should be held to facilitate surgery. The components of DAPT include Aspirin plus a P2Y12 inhibitor, such as Plavix (clopidogrel), Brilinta (ticagrelor) or Effient (prasugrel). For the purposes of this policy, it is assumed that Aspirin will be continued throughout the peri-operative time period and cessation/resumption of DAPT indicates modification to the P2Y12 inhibitor.

For any Patient on DAPT for a coronary stent

Is the surgery necessary to prevent a life- or limb-threatening surgery?

Yes—Document the emergent nature of the procedure and proceed with surgery.

No—Continue below.

Is the stent a bare metal stent?

Yes—Surgery may proceed at 30 days from time of placement.

No—Continue below.

Is the surgery a time-sensitive surgery intended to prevent significant morbidity?

Yes—Document the time-sensitive nature of the procedure and proceed with surgery at three (3) months. Consider maintaining current DAPT regimen if not contraindicated for intended procedure. Consider using an IV anti-platelet bridge in consultation with the patient's cardiologist.

No—Continue below.

For stents placed more than six (6) months prior to the surgery, the surgeon should determine necessity of stopping DAPT for the intended procedure. Orders to discontinue DAPT prior to the operation and resume DAPT after the operation will be the responsibility of the surgeon.