



CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

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Table 8. Suggested Management of Antiplatelet Therapy for Elective Surgery

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Canadian Stroke Consortium*

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Table 8. Suggested Management of Antiplatelet Therapy for Elective Surgery

Legend: ASA, acetylsalicylic acid; CABG, coronary artery bypass graft.

Clinical Situation	Suggested Pre- and Post-operative Management
Patient receiving ASA alone having non-cardiac surgery	<ul style="list-style-type: none"> interrupt ASA 7-10 days before surgery in most patients; resume 5-7 days after surgery consider continuing ASA, without interruption, in patients with a prior stroke or a coronary stent continue ASA, without interruption, in patients having carotid endarterectomy
Patient receiving ASA alone and having CABG surgery	<ul style="list-style-type: none"> continue ASA around the time of CABG, without interruption*
Patient receiving ASA + clopidogrel and having non-cardiac surgery**	<ul style="list-style-type: none"> continue ASA around the time of surgery, without interruption* hold clopidogrel 5-7 days pre-operatively and resume 1-2 days after surgery
Patient receiving ASA + clopidogrel and having CABG surgery	<ul style="list-style-type: none"> continue ASA around the time of surgery, without interruption* hold clopidogrel at least 5 days before surgery resume clopidogrel 1-2 days after surgery
Patient receiving ASA + ticagrelor and having non-cardiac or CABG surgery	<ul style="list-style-type: none"> continue ASA around the time of surgery, without interruption* hold ticagrelor at least 2 days before surgery resume ticagrelor 1-2 days after surgery
Patient receiving ASA + prasugrel and having non-cardiac or CABG surgery	<ul style="list-style-type: none"> continue ASA around the time of surgery, without interruption* hold prasugrel 7-10 days before surgery resume prasugrel 1-2 days after surgery

* Continue ASA, without interruption* - This implies that ASA is taken on the day of surgery and the first postoperative day, acknowledging that there may be circumstances when this is not feasible (e.g., patient cannot take medications by mouth); in such cases, management is left to the treating clinician with the option to administer ASA per rectum.

** Patient receiving ASA + clopidogrel and having non-cardiac surgery** - Management should be individualized depending on the clinical indication for dual antiplatelet therapy and, typically, would require consultation with other specialists, for example, a cardiologist in patients with a coronary stent.

In patients who are taking Aggrenox (ASA + dipyridamole) for a prior stroke and are having carotid endarterectomy, Aggrenox can be continued without interruption; alternatively, Aggrenox can be withheld on the day of surgery to eliminate the added antiplatelet effect of dipyridamole while retaining the antiplatelet effect of ASA.

