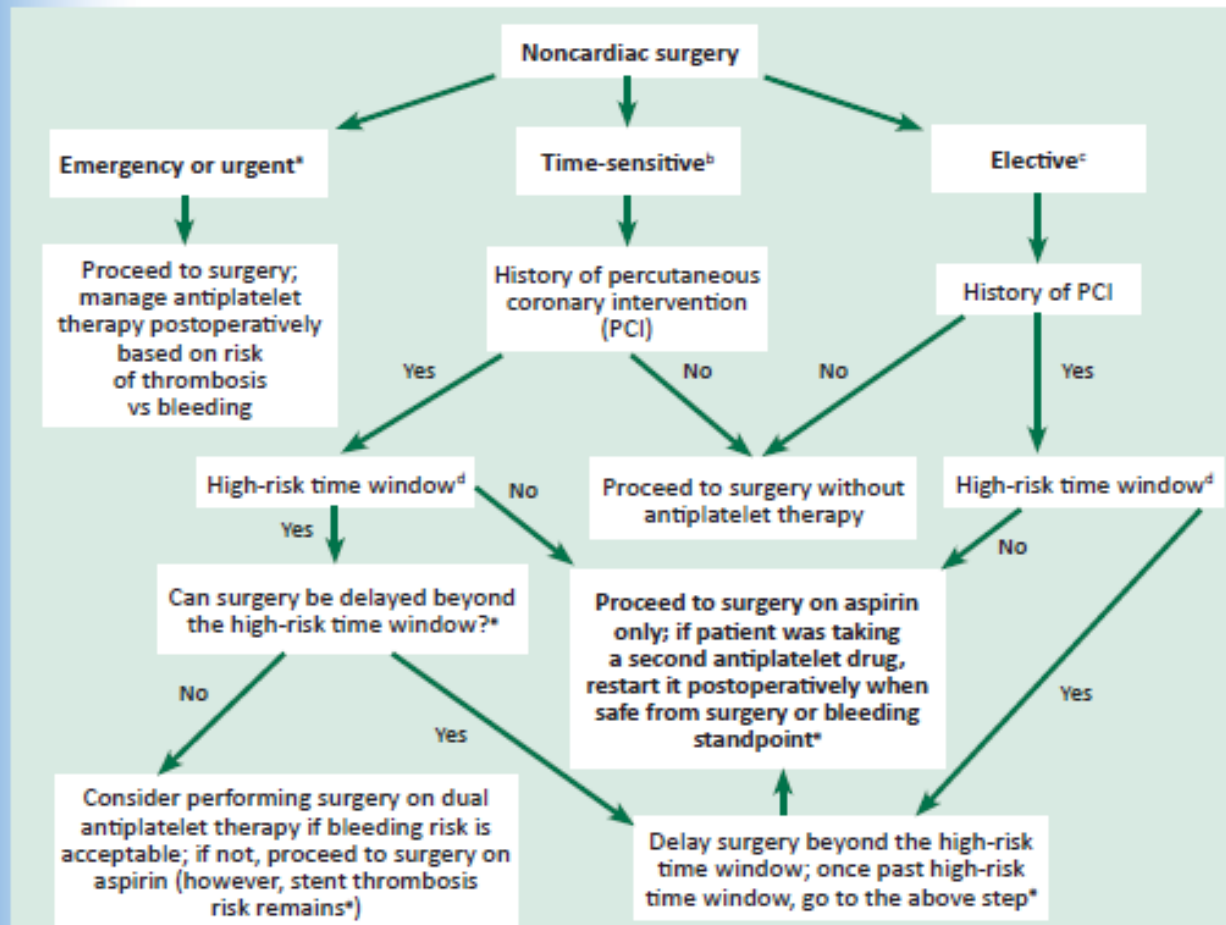


ASPIRIN AND NONCARDIAC SURGERY



^a Life- or limb-threatening if surgery is not done in a timely manner, usually within 6 hours; urgent surgery typically within 6 to 24 hours.

^b Such as oncologic surgery; surgery can be delayed 1 to 6 weeks, beyond will negatively affect the outcome.

^c Surgery can be delayed up to 1 year.

^d High-risk time window: balloon angioplasty < 14 days; bare-metal stent < 30 days; drug-eluting stent < 6 months. If stent placed for an acute coronary syndrome, delay surgery for 12 months. Between 3 and 6 months, proceed to surgery if risk with delayed surgery is greater than stent thrombosis risk.

* Always discuss strategy and risks with the surgeon, patient, patient's cardiologist, and perioperative internist, as the bleeding risk may outweigh the stent thrombosis risk in some surgeries (eg, bleeding into a closed space as in intracranial, spinal canal, and retinal surgeries).

Figure 1. Proposed perioperative management of aspirin and antiplatelet therapy in patients undergoing noncardiac surgery.