WHAT TO DO WITH CLOPIDOGREL, ASPIRIN AND WARFARIN AT THE TIME OF NON CARDIAC SURGERY AND OTHER PROCEDURES?

Most patients with heart disease are on one or more of these medications and they often need unrelated surgery or other procedures which could cause bleeding. In the last two months KW has had three patients in whom clopidogrel was discontinued for surgical procedures who sustained a myocardial infarction as a result. We receive numerous requests for advice on management of these medications at the time of procedures.

The surgeon wants to avoid bleeding but the physician wants to avoid a cardiac event. Stopping aspirin/clopidogrel increases the risk of a cardiac event by up to 30 times!

There are no adequate trials to sort out this conflict. The law however has made a contribution. In Phelps v Cossetto a patient with a mitral valve prosthesis had her warfarin discontinued and replaced with heparin at the time of removal of a lipoma from her thigh. The surgeon acted on the advice of a cardiologist. The patient had a disabling embolic stroke after the operation.

She sued the surgeon and received substantial damages.

Many of you are now alarmed thinking “there but for the grace of God go I”. Perhaps you feel that we are damned if we do and damned if we don’t stop clopidogrel/aspirin and warfarin.

However there is sense in the judgement. The patient had not been informed of the risk of stroke associated with the surgery and stopping warfarin. She had therefore not provided informed consent and the surgeon was liable. It seems reasonable to believe that she might have put up with her lipoma if she had known there was a risk of stroke with the surgery.

The legal principle is extraordinarily helpful when a question arises about discontinuing anti-thrombotic agents for procedures. The cardiologist might encourage the surgeon to continue with the medication and accept the risk of bleeding but the important point is that the patient is informed. If the patient is told that there is an extra risk of bleeding if the tablets are continued and an extra risk of heart attack or stroke if they are stopped, then the patient can make the decision. If the patient is unwilling to stop the medication the surgeon can still decline to carry out the procedure if they believe the risks of bleeding are excessive.

We hope you find this advice helpful.

KEITH WOOLLARD
Cardiologist

DAVID WATSON
Physician

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1. Phelps v Cossetto & Anor [2002] NSWSC 903