Aspirin and Clopidogrel Taken Until 2 Days Prior to Coronary Artery Bypass Graft Surgery Is Associated with Increased Postoperative Drainage Loss

v Heymann C, Redlich U, Moritz M, Sander M, Vargas Hein O, Grubitzsch H, Konertz W F, Spies C

Objective
Platelet aggregation inhibitors, such as aspirin and clopidogrel, are associated with increased bleeding in patients undergoing cardiac surgery with cardiopulmonary bypass. We investigated the impact of time between the last intake of aspirin and clopidogrel before CABAG surgery and drainage loss, transfusion requirements and rate of reoperation.

Patients and Methods
The records of patients who had coronary artery bypass graft surgery (CABG) were reviewed for intake of aspirin and clopidogrel within 7 days prior to surgery. Drainage loss, transfusion requirements and rate of reoperation for bleeding within 5 days after the operation, were recorded.

Results
Out of 261 analysed patients, 225 patients (86.2%) had no anti-platelet medication and 36 patients (13.8%) were on aspirin and clopidogrel. Aspirin and clopidogrel, taken all until 2 days prior to operation, were associated with a significantly higher postoperative blood loss (1840 mL [1230-3710] vs. 280 mL [185-765], p=0.005 for one day and 850 mL [345-1725] vs. 277mL [165-778], p=0.026, for 2 days prior to surgery). The trend showed that patients in the study group received more platelet concentrates (PC: 5.3% vs. 13.9%, p=0.067). The rate of reoperation for bleeding was not different (p=0.25).

Conclusion
Aspirin and clopidogrel up to 2 days prior to CABG were associated with a significantly higher postoperative drainage loss.

Thorac Cardiov Surg 2005; 53:341