SOCIETY FOR AMBULATORY ANESTHESIA
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SAMBA 2024 Annual Meeting
May 2-4, 2024

Ambulatory surgery in a patient who is ASA-PS class 4 with coronary stents

Cases from the Real World

Does Overnight Stay Mitigate Risk?

- 191,051 ASA 3-4 patients from NSQIP database 2005-2017
- Appendectomy, mastectomy, cholecystectomy, hernia repair, thyroidectomy, parathyroidectomy
  - 137,175 (72%) discharged same day
  - 53,876 (28%) observed overnight
- Primary outcome: 30d major morbidity (1.0%)
- Secondary outcome: readmission within 30d (2.2%)

Pang G et al. Safety of Same-day Discharge in High-risk Patients Undergoing Ambulatory General Surgery. J Surg Res. 2021; 263:71-77.

Does Overnight Stay Mitigate Risk?

- Same-day discharge did not increase odds of 30d major morbidity (adjusted OR 0.59; 95% CI, 0.54-0.64; *P* < 0.01)
- Factors associated with morbidity:
  - ASA 4
  - Non-independent functional status
  - Renal failure
  - Bleeding disorder
  - Disseminated cancer
  - CHF
- Similar findings for 30d readmission

Pang G et al. Safety of Same-day Discharge in High-risk Patients Undergoing Ambulatory General Surgery. J Surg Res. 2021; 263:71-77.

Pro-Con Debate: Are Patients With Coronary Stents Suitable for Free-Standing Ambulatory Surgery Centers?

Eric B. Rosero, MD, MSc,* Niraja Rajan, MD,† and Girish P. Joshi, MBBS, MD, FFARCSI*

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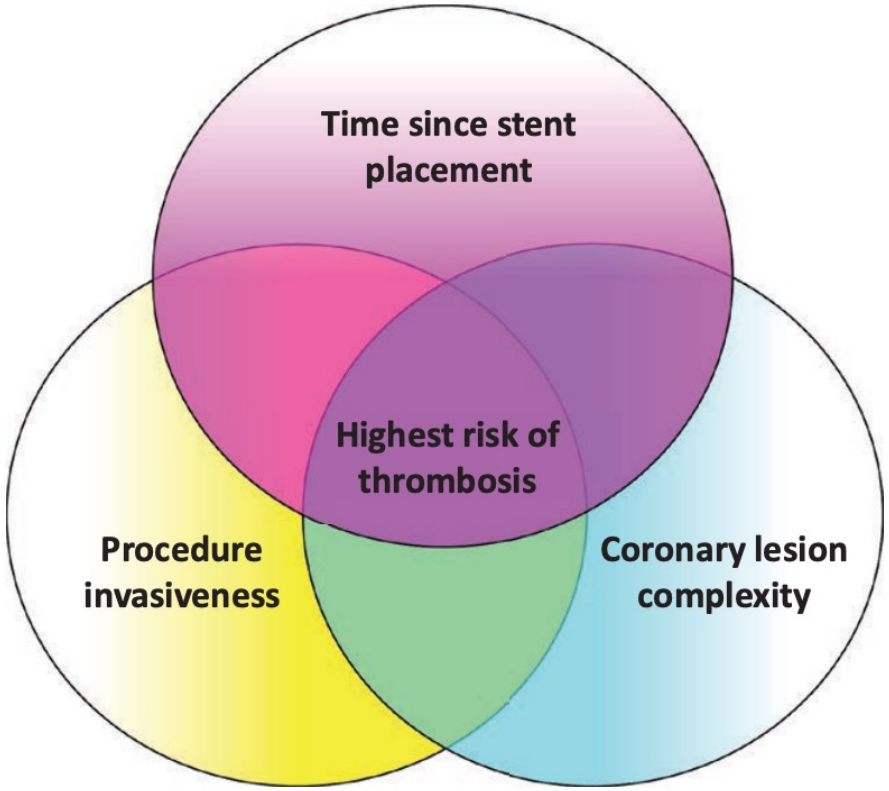

Anesth Analg. 2023;136(2):218-226

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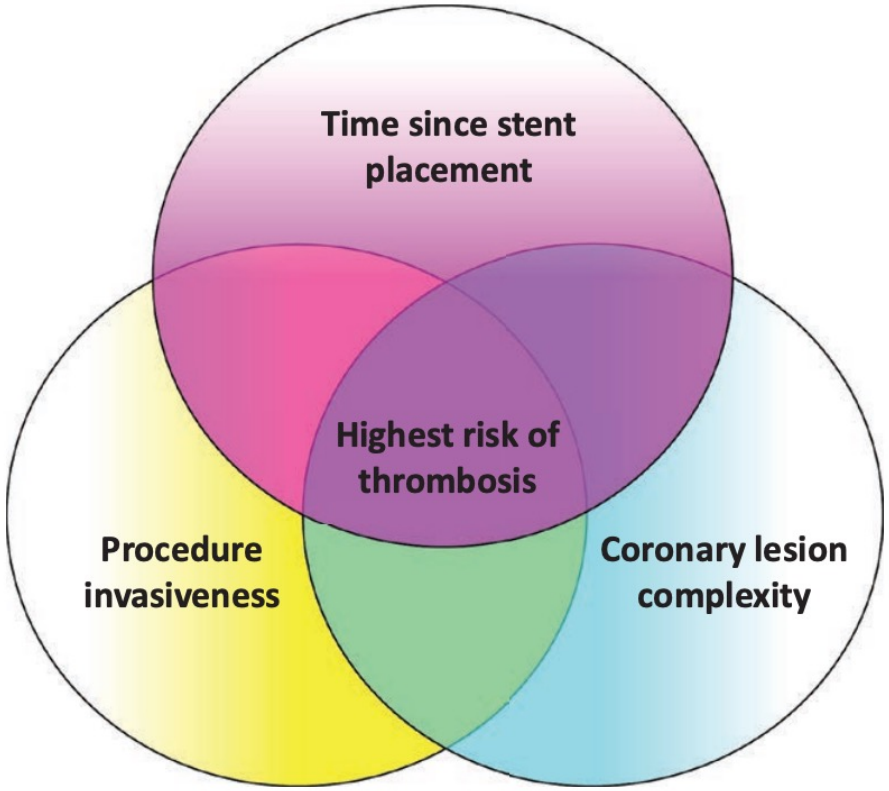
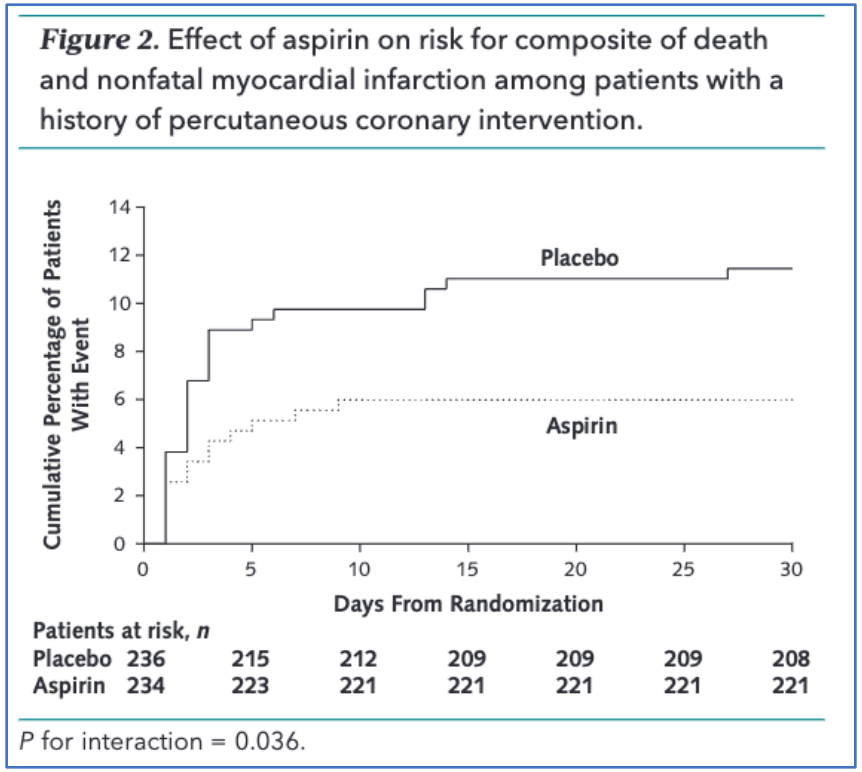


- Need:
  - Qualified staff
  - Established emergency response protocols
  - Transfer agreement & proximity to a PCI-capable hospital or “best case scenario” an angiography suite with ambulatory PCI capability

Anesth Analg. 2023;136(2):218-226

Patients with prior PCI for Elective Surgery

- 2016 AHA/ACC guidelines:
  - Aspirin should be continued
- Death/MI in patients with prior PCI from POISE 2 trial:
  - Absolute risk reduction 5.5% (95% CI 0.4%–10.5%) with aspirin vs placebo



Graham MM et al. Aspirin in Patients With Previous Percutaneous Coronary Intervention Undergoing Noncardiac Surgery. Ann Intern Med. 2018; 168(4):237-244.

What to do when your patient arrives for surgery off aspirin?

Journal of Clinical Medicine

MDPI

Review

Do We Still Need Aspirin in Coronary Artery Disease?

Muhammad Haisum Maqsood [1], Glenn N. Levine [2], Neal D. Kleiman [3], David Hasdai [4], Barry F. Uretsky [5] and Yochai Birnbaum [2,*]

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- **Long term use after PCI**
  - 2016 AHA/ACC guidelines:
    - Aspirin should be continued indefinitely after completion of DAPT
  - New meta-analysis evidence:
    - MI > with aspirin vs P2Y12 inhibitors (risk ratio 1.32; 95% CI 1.08–1.62)
  - 2023 ESC guidelines:
    - Recommend single antiplatelet therapy (preferably P2Y12 inhibitor) after 3–6 months of DAPT

Andò G, et al. $P2Y_{12}$ Inhibitor or Aspirin Following Dual Antiplatelet Therapy After Percutaneous Coronary Intervention: A Network Meta-Analysis. JACC Cardiovasc Interv. 2022; 15(22):2239-2249

Summary

- Not clear that overnight stay mitigates risk in high-risk patients presenting for surgery
- Guidelines support the continuation of aspirin throughout the perioperative period for patients with prior PCI to reduce the risk of stent thrombosis
- Patients may present for surgery having stopped aspirin which can lead to decision-making challenges
- In the future, single antiplatelet therapy after PCI may consist of P2Y12 inhibitors, further complicating perioperative management