Appendix 7. Guidelines on the Perioperative Management of Clopidogrel and Aspirin in Elective Surgical Patients in the Pre-Assessment Clinic

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**Clopidogrel** is a pro drug metabolized in the liver (cytochrome P450) to an active metabolite which has a short half life. It is a non-competitive irreversible antagonist of platelet adenosine diphosphate receptor (P2Y12). This inhibits platelet aggregation for seven days. Combination with aspirin produces synergistic effects as it blocks complementary pathways involved in platelet aggregation

- Do not stop clopidogrel unless the prescribing cardiologist, physician or surgeon has been consulted directly. Stopping clopidogrel can lead to increased mortality.

- Always inform and seek advice from the anaesthetist involved in the perioperative care of each patient.

- Consider each patient carefully on a case by case basis (see below).

- Clopidogrel is usually prescribed with aspirin. If it is safe to stop the clopidogrel, aspirin should be continued wherever possible.

- Patients may be prescribed clopidogrel due to aspirin intolerance or allergy. This information is often most easily obtained from their G.P., and may mean clopidogrel can be safely stopped.

- If clopidogrel can be safely stopped it must be stopped seven days preoperatively

If a patient is on clopidogrel for previous cerebrovascular events (CVE, TIA) and there has been more than 3 months since the last event, then clopidogrel can be stopped 7 days pre-operatively and aspirin commenced in its place at that time (if tolerated). If aspirin is not well tolerated, then the prescribing GP may add in a PPI or omit the aspirin completely. If there are concerns surrounding this then the physician prescribing the clopidogrel should be contacted.

**Aspirin** - Low dose (75mg) aspirin should be continued wherever possible for most surgical specialities. Its benefits far outweigh any perceived bleeding issues. Please consult with a consultant anaesthetist before stopping.
Aspirin and Orthopaedic Major Joint Surgery
Consideration can be given to stopping aspirin for major joint surgery, as the product license for rivaroxaban advices caution when taken in conjunction with aspirin. Rivaroxaban is a new oral DVT prophylaxis medication, taken post operatively in major joint surgery. **Do not stop aspirin in high risk groups.** In most circumstances aspirin should be continued, as the benefits usually outweigh any possible bleeding risk.

**HIGH RISK GROUPS:**
- Myocardial Infarction, previous Cerebral Vascular Event, or Transient Ischaemic Attack and all patients who have had a Coronary Artery Bypass Graft or Coronary Artery Stents.