

ABSTRACT

Background. The analysis of the current approaches to antithrombotic treatment of cardiac patients in the perioperative period of major non-cardiac surgery was performed. The incidence of ischemic and bleeding complications in relation to the interrupted antithrombotic was observed. The study investigated the discharge antithrombotic medication in patients with atrial fibrillation (AF) after major non-cardiac surgery and the impact on one-year outcomes.

Methods. The subanalysis of multicentre PRAGUE 14 study was performed. A subgroup of 366 patients (mean age 75.9 ± 10.5 years, women 42.3%, acute surgery 42.9%) undergoing major non-cardiac surgery and having any form of AF (30.6% of the total population enrolled in the PRAGUE-14 study) was followed for 1 year.

Results. Antithrombotics (interrupted due to surgery) were resumed until discharge in 51.8% of patients; less frequently in men (OR 0.6 (95% CI 0.95 to 0.35); $p=0.029$), and in patients undergoing elective surgery (OR 0.6 (95% CI 0.91 to 0.33); $p=0.021$). Patients with AF had significantly higher one-year mortality (22.1%) than patients without AF (14.1%, $p=0.001$). The causes of death were: ischaemic events (32.6% of deaths), bleeding events (8.1%), others ($N = 51$; 59.3%). Non-reinstitution of aspirin until discharge was associated with higher one-year mortality (17.6% vs. 34.8%; $p=0.018$).

Conclusion. Preoperatively interrupted antithrombotics were re-administrated at discharge only in half of patients with AF, less likely in male patients and those undergoing elective surgery. The presence of AF was recognized as a predictor of one-year mortality, especially if aspirin therapy was not resumed until discharge.