



Heart Patients Can Stop Blood Thinners before Elective Surgery



According to research by Duke Medicine, patients with atrial fibrillation (AF) who stopped taking blood thinners before they had elective surgery had no higher risk of developing blood clots and less risk of major bleeding compared to patients who were given a "bridge" therapy. The study was presented at the International Society on Thrombosis and Haemostasis meeting and is published in the *New England Journal of Medicine* .

There are inconsistent guidelines with respect to this practice and statistics show that approximately 250,000 patients with atrial fibrillation/flutter take the blood thinner warfarin. As per current practice, AF patients are advised to stop taking warfarin five days before and after undergoing an elective procedure because of a risk of bleeding and slow healing. Doctors instead prescribe a low-molecular weight heparin as bridge therapy during this time.

However, there is significant deviation in this practice as well. As senior author Thomas L. Ortel, M.D., Ph.D, chief of the Division of Hematology at Duke the principal investigator of the Clinical Coordinating Center for the study points out, bridging is also controversial since there is a lack of data demonstrating its use. Some doctors prescribe it while others don't. This new study called BRIDGE finally answers this question.

The study was conducted with 1,884 patients with atrial fibrillation and atrial flutter. Approximately half of the patients received bridge therapy (dalteparin) while the other half received a placebo. Warfarin was halted for up to 13 days around their elective surgeries and follow-up was done for up to 37 days after their procedures.

The findings show that patients who stopped blood thinners had a 0.4 percent incidence of arterial blood clot as compared to 0.3 percent for patients who received the bridge therapy. Major bleeding events occurred in 1.3 percent of patients in the non-bridging group as compared to 3.2 percent in the bridging group.

"Bridging does not improve the outcome for stroke prevention, but increases the risk of major bleeding complications," Ortel said. "That's the counter balance - we're not doing patients any good, and we are potentially hurting them." He does point out that these findings are specific to AF patients and should not be generalised to other types of patients on blood thinners or those on new blood thinners.

"This is the first study to provide high-quality clinical trial data demonstrating that for patients with atrial fibrillation who need a procedure and who need to come off warfarin, they can simply stop and restart," Ortel said. "They do not need to be bridged."

Source: Duke University Medical Center

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