Perioperative management of antithrombotic therapy: an American College of Chest Physicians clinical practice guideline.

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American College of Chest Physicians (CHEST)

Douketis JD, Spyropoulos AC, Murad MH, et al. Perioperative management of antithrombotic therapy: an American College of Chest Physicians clinical practice guideline. Chest. 2022 Nov;162(5):e207-e243. [295 references] PubMed

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Overview

Guideline Objective

To provide evidence-based recommendations for the perioperative management of patients who are receiving antithrombotic therapy and to provide practical guidance to clinicians for managing such patients in the perioperative period

Note:

- This guideline does not address patients who require an urgent surgery/procedure, in whom the management paradigm differs considerably from that of the elective clinical setting.
- This guideline does not address the management of drugs with anticoagulant or antiplatelet properties that are used infrequently (e.g., cilostazol, dipyridamole, pentoxifylline); that, in the case of direct oral anticoagulants (DOACs), are used as low-dose regimens (e.g., rivaroxaban 2.5 mg bid); or that, typically, are used for short periods (e.g., nonsteroidal antiinflammatory drugs).

- This guideline does not address the perioperative use of low-dose low-molecularweight heparins (LMWHs), low-dose DOAC, or other antithrombotic strategies that are intended as prophylaxis against postoperative venous thromboembolism (VTE).

Patient Population

Patients who are receiving long-term oral anticoagulant or antiplatelet therapy and require an elective surgery/procedure

Note:

- For patients who are receiving oral anticoagulant therapy, the recommendations will pertain to those patients who have one (or more) of the following clinical conditions: chronic atrial fibrillation; a mechanical prosthetic heart valve; or VTE. Although there may be patients who are receiving anticoagulant therapy for other conditions (e.g., dilated cardiomyopathy), we focus on the most common indications for anticoagulant therapy.
- For patients who are receiving antiplatelet therapy, the recommendations pertain mainly to patients who have coronary artery disease and require non-cardiac surgery, CABG surgery, or percutaneous coronary interventions and, to a lesser extent, to patients receiving antiplatelet therapy for secondary prevention of cardiovascular disease (e.g., peripheral or cerebrovascular disease) who need non-cardiac surgery.

Recommendations

Recommendation Statements

Major interventions covered in this guideline include:

- Perioperative management of patients receiving a vitamin K antagonist (VKA) (warfarin), a direct oral anticoagulant (DOAC) (apixaban, dabigatran, edoxaban, rivaroxaban), and antiplatelet drugs (aspirin, clopidogrel, prasugrel, ticagrelor)

- Use of heparin bridging among patients receiving a VKA, including perioperative use of intravenous (IV) unfractionated heparin (UFH) and low-molecular weight heparin (LMWH)

Note: Full recommendation statements have not been provided because this guideline does not meet EGT's systematic review of the evidence criteria. Refer to the original guideline for more information.

Evidence Rating Scheme

Refer to the original guideline documentation for more information.

Recommendation Rating Scheme

Refer to the original guideline documentation for more information.

Related Content

Supporting Documents

- Appendix 1. Panelist Conflicts of Interest Grid.
- Appendix 2. Summary of PICO Questions.
- Appendix 3. Evidence Tables.
- Methodologies for the Development of CHEST Guidelines and Expert Panel Reports; 2014 Jul.
- CHEST Guideline Development.
- Development of Rapid Guidelines: 3. GIN-McMaster Guideline Development Checklist Extension for Rapid Recommendations; 2018 Jul 13.

Implementation Tools

No implementation tools available.

Patient Education

No patient education materials available.

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