Abstract

It is well known that antiplatelet agents administered prior to cardiac surgery increase the risks of bleeding and reoperation. Coronary surgery without extracorporeal circulation is a feasible and reproducible technique which could reduce such risks. Nevertheless, clopidogrel administered prior to surgery could reduce these advantages. Objective To assess the effect of clopidogrel administered prior to coronary surgery on the incidence of reoperation due to bleeding, transfusion, morbidity and mortality, in patients with coronary surgery without extracorporeal circulation. Material and Methods Between January 2003 and December 2006, 1104 consecutive patents underwent coronary surgery without ECC. Patients were divided into two groups: patients treated with clopidogrel 7 days prior to surgery (clopidogrel group) and patients not treated with clopidogrel (control group). Perioperative characteristics were analyzed with a tendency score. Results The tendency analysis selected 97 patients for each group. Patients in the clopidogrel group presented a greater incidence of transfusions (59% versus 39%; p=0.009) and of reoperations due to bleeding (5% versus 0%; p=0.02). There were no significant differences regarding in-hospital stay and mortality. Conclusion Patients previously treated with clopidogrel and cardiac surgery without ECC presented greater incidence of transfusion and reoperations due to bleeding, with similar mortality rates.

Keywords

Clopidogrel - Coronary surgery - Antiagregants - Revascularization - Angina, Unstable - Propensity.

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