Perioperative Management of Antiplatelet Medications in Emergency Surgery

Urgent high bleeding-risk surgery

When urgent high bleeding-risk surgery is indicated and time does not permit cessation of one or both antiplatelet agents:

- Given the uncertain net benefit of platelet transfusion, consider the use of pre-operative intravenous tranexamic acid.
- If, despite tranexamic acid, there is excessive peri- or post-op bleeding, or if the bleeding risk is perceived to be very high, consider infusion of 2 pools of donor platelets. This may improve haemostasis if given at least two h after the last dose of aspirin though even higher doses of donor platelets 12–24 h after the last dose of clopidogrel may have a lesser effect.

Urgent low bleeding-risk surgery

When urgent low bleeding-risk surgery is indicated and time does not permit cessation of one or both antiplatelet agents, routine platelet transfusion should not be given.

Neuraxial anaesthesia/analgesia

Neuraxial techniques (spinal/epidural) should be avoided in patients taking ADP-receptor antagonists (e.g. clopidogrel / prasugrel / ticagrelor).