

Aspirin before non-cardiac surgery is ineffective and often harmful

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Researchers Debbie Dumerton-Shore, Joel Parlow, Jessica McCourt and Rene Allard are part of a ground breaking study investigating the use of Aspirin to protect the heart after surgery. Credit: Matthew Manor

(Medical Xpress)—Queen's University and Kingston General Hospital researchers are part of a groundbreaking international study that has shown that starting – or continuing – to take Aspirin before non-cardiac surgery as a way to protect the heart after surgery is ineffective and, in some cases, harmful.

Because surgery puts [patients](#) at increased risk of heart attack, doctors often continue to administer low doses of Aspirin before and after non-cardiac procedures. But new data from the Peri-Operative Ischemic Evaluation Study (POISE-2), published last week in the *New England Journal of Medicine*, shows that administering Aspirin provided no benefit in reducing the risk of heart-related complications after surgery.

"In fact, Aspirin was shown to increase the risk of serious bleeding after [surgery](#), in some cases," says Joel Parlow, Head of Anesthesiology and Perioperative Medicine at both Queen's and KGH and the hospital's POISE-2 Site Principal Investigator. "This is important news for the medical community and for patients with risk factors for heart disease who are set to undergo [non-cardiac surgery](#)."

With over 10,000 patients from 23 countries and 135 centres, the study is the largest clinical trial to evaluate major cardiovascular complications in non-cardiac surgeries. More than 400 patients were enlisted from KGH, making it the fourth-largest recruiting site in the world, after Hamilton Health Sciences Centre and The Cleveland Clinic.

The POISE-2 study was designed and led by Principal Investigator P. J. Devereaux (McMaster University's Population Health Research Institute).

"KGH was able to be a vital contributor to this important study due to the dedication of our excellent research nurses Debbie Dumerton-Shore, Jessica McCourt and Beth Orr, and my co-investigator René Allard. Our research team works side-by-side with patients, surgeons, nurses and with the input of the other members of the Department of Anesthesiology and Perioperative Medicine," says Dr. Parlow.

More information: The study is available online: www.nejm.org/doi/full/10.1056/NEJMoa1401105

Provided by Queen's University

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