Anticoagulation use in urology patients requires pre-planning

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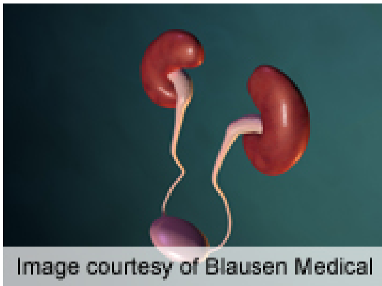
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(HealthDay)—Perioperative planning is needed for decisions of timing of anticoagulation therapy in patients undergoing urological procedures, according to a review published in the October issue of *The Journal of Urology*.

Daniel J. Culkin, M.D., from the University of Oklahoma in Oklahoma City, and colleagues conducted a systematic literature review to identify studies and guidelines addressing the following questions: When and in whom can anticoagulant/antiplatelet prophylaxis be stopped in preparation for surgery? What procedures can be safely performed without discontinuing anticoagulant/antiplatelet prophylaxis? What periprocedural strategies can adequately balance the risk of major surgical bleeding versus the risk of major thrombotic event?

The researchers found that multidisciplinary management of anticoagulant/antiplatelet medications for patients with recent thromboembolic events, mechanical cardiac valves, atrial fibrillation, and cardiac stents is necessary to cut high morbidity and mortality. With a recent bare-metal or drug-eluting stent, no elective procedures requiring interruption of dual antiplatelet therapies should be performed. Continuation of aspirin during ureteroscopy, transrectal prostate biopsies, laser prostate outlet procedures, and percutaneous renal biopsy carries low risk of significant bleeding complications. Similarly, there is low bleeding risk for open extirpative prostate and renal procedures in patients on aspirin and those requiring heparin based bridging strategies.

"The current literature does not give direction on the timing of the resumption of anticoagulant/antiplatelet prophylaxis other than that it be resumed as soon as the risk of bleeding has decreased," the authors write.

One author disclosed financial ties to the medical device industry.

More information: Abstract
Full Text

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