

Cardiac risk up with noncardiac surgery six months post-stent

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surgery, and drug-eluting stent were factors associated with a significant reduction in risk following surgery more than six months post-stent ($P = 0.01$).

"The incremental risk of noncardiac surgery on adverse cardiac events among post-stent patients is highest in the initial six months following stent implantation and stabilizes at 1.0 percent after six months," the authors write.

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(HealthDay)—Among post-stent patients undergoing noncardiac surgery, the incremental risk of adverse cardiac events is highest in the first six months following stent implantation, according to a study published in the Dec. 30 issue of the *Journal of the American College of Cardiology*.

Carla N. Holcomb, M.D., from the University of Alabama at Birmingham, and colleagues examined the incremental risk of [noncardiac surgery](#) on myocardial infarction and coronary revascularization following coronary stenting in a [retrospective cohort study](#). A total of 20,590 patients undergoing noncardiac surgery within 24 months of stent placement were matched with 41,180 patients with stent not undergoing surgery.

The researchers found that the surgical cohort had increased rates of the composite cardiac end point ([myocardial infarction](#) and/or cardiac revascularization) during the 30-day interval following noncardiac surgery (3.1 versus 1.9 percent). After adjustment for surgical characteristics, the incremental risk of noncardiac surgery ranged from 3.5 percent immediately following [stent implantation](#) to 1 percent at six months; thereafter, it remained stable to 24 months. Elective inpatient procedures, high-risk

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