To the Editor:

We read with great interest the article by Cruden et al1 describing cardiac events in patients with previous stent implantation, and we want to congratulate the authors for the research in this important field. Cessation of antiplatelet therapy is the main factor for stent thrombosis,2 and we believe there is enough information about the mechanisms and causes of this serious complication and enough documents of recommendation to prevent it. However, there may still be some room for improvement. Although the documents of recommendation state that the correct approach should be to manage the case in a multidisciplinary manner by the patient’s cardiologist, surgeon, hematologist, and anesthesiologist, the reality is that in daily practice, most of the responsibility is supported by the anesthesiologist, the person who decides the approach in the consultation before the surgical procedure, especially in noncardiac surgery. We think that the efforts should now be concentrated in the transmission of the information available to the anesthesiologists because their knowledge about coronary stents is still far from ideal.

In a survey performed by our group last year among the anesthesiologists of 215 public hospitals with surgical activity in our country,3 90% knew the differences between bare metal and drug-eluting stents, but only 45% answered “12 months” as the recommended period of double antiplatelet therapy after drug-eluting stents, as few as 34% had read the document of recommendation of the American Medical Societies,4 and an important variability was observed in the treatment of these patients. We think that it is imperative to reduce that variability and that we should design approaches through the medical associations and colleges of anesthesiologists to improve the reception of all the available information.

References


Disclosures

None.

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Letter by Lozano et al Regarding Article "Previous Coronary Stent Implantation and Cardiac Events in Patients Undergoing Noncardiac Surgery"
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