

Aspirin Use in Patients Undergoing Preoperative Evaluation for Minor Surgery



To the Editor:

We have read with great interest the article “Underutilization of Aspirin in Patients with Advanced Colorectal Polyps” by Fiedler et al,¹ and we found it of importance with a view to clinical prevention.

With reference to the findings reported in the article, we would like to make the following contribution to the discussion. A retrospective analysis on 3000 patients undergoing preoperative evaluation for minor surgery was carried out in order to evaluate aspirin intake and adherence to guidelines for prevention of cardiovascular disease.²

We found that 505 patients were treated with aspirin (16.8%), 312 men (61.8%) and 193 women (38.2%) ($P < .05$). In the group of patients treated with aspirin we found that 379 subjects—254 men (67%) and 125 women (33%)—were treated with aspirin according to guidelines for prevention of cardiovascular disease. In addition, 32 patients (all men) were treated with aspirin outside of guideline indications. Seven hundred ninety-eight patients (26.6%) that needed aspirin or antiplatelet therapy due to their cardiovascular risk were not treated, despite having no contraindication or allergy, and 126 patients discontinued aspirin despite appropriate indication.

Our observation suggested that adherence to guidelines in aspirin indications is low in patients undergoing surgery. The occurrence of previous small peripheral hemorrhage is not a contraindication for the use of antiplatelet therapy; however, in real life we found that it is considered a limit for prescription.^{2,3}

In a previous paper we reported that adherence to guidelines was higher in men compared with women.⁴ Nowadays

there are significant disparities between women and men regarding intensity of medication use and likelihood of receiving guideline-based drug therapy.^{4,5} Adherence to aspirin treatment in the absence of major surgery or bleeding is an important goal for prevention of cardiovascular disease.

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