THREE-MONTH CUMULATIVE INCIDENCE OF THROMBOEMBOLISM (TE) AND BLEEDING AFTER PERIPROCEDURAL ANTICOAGULATION MANAGEMENT OF LEG ARTERIAL VASCULAR BYPASS PATIENTS (VBG)

ACC Poster Contributions
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Objectives: Patients receiving chronic anticoagulation for preservation of leg arterial VBG patency often require temporary interruption of warfarin for an invasive procedure. The incidence of TE and bleeding related to peri-procedural anticoagulation management of such patients is unknown.

Methods: In a prospective, protocol driven, inception cohort design study, all VBG patients referred to the Mayo Clinic Thrombophilia Center for peri-procedural anticoagulation management (1997-2007) were followed forward in time to estimate the 3-month cumulative incidence of TE and bleeding. Data were collected on VBG distal anastomosis location (above or below knee), VBG type (native or synthetic), and concurrent antiplatelet therapy. Warfarin was stopped 5 days prior to the procedure. Decisions to provide “bridging” low molecular weight heparin (LMWH) were individualized based on estimated risk of TE and bleeding. All outcome events were centrally adjudicated.

Results: Of 79 VBG patients (69 ± 10 years; 39% women), 73% had below knee VBG and 56% VBG were synthetic. 44% received antiplatelet therapy. Peri-procedural LMWH was prescribed for 76% of patients and did not vary by VBG distal anastomosis location or type. The 3-month cumulative incidence of TE was 5%, including 1 DVT, 1 myocardial infarction and 2 VBG occlusions. Major bleeding occurred in 1 patient, and one patient died due to heart failure. TE and bleeding did not differ by bridging status.

Conclusions: The three-month cumulative incidence of TE, bleeding, and death among VBG patients in whom anticoagulation is temporarily interrupted for an invasive procedure is low. TE were higher and bleeding rates were lower compared to other bridging indications (atrial fibrillation, mechanical heart valve, venous thromboembolism).