on the impact of protamine sulfate on bleeding and thrombotic complications after CEA, we found no evidence that Clopidogrel was associated with serious bleeding complications. Reoperation for bleeding after CEA occurred in 1.0% of patients on Clopidogrel vs 1.2% in patients not on Clopidogrel \( P = 0.67 \). Nearly all patients were on antiplatelet therapy at the time of surgery (73% aspirin only, 3% Clopidogrel only, 13% aspirin and Clopidogrel). Based on these data, it is our practice to routinely perform CEA in patients taking Clopidogrel for an appropriate indication, especially symptomatic carotid artery disease. We do not believe that Clopidogrel increases serious bleeding after CEA.

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Response to comment on “Variations in the Pharmacological Management of Patients Treated with Carotid Endarterectomy: A Survey of European Vascular Surgeons”

Dear Editor,

We would like to thank Dr Stone and colleagues for their comments. The main purpose of the survey was to highlight the variations in the pharmacological practice around the time of CEA in Europe. It is certainly the practice of the senior author not to stop any anti-platelet agents at the time of CEA. We hope that this survey will stimulate discussion about the optimal pharmacological management for patients in the peri-operative phase.

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