

# Impact of an antithrombotic therapy protocol after **urgent** coronary artery bypass-grafts: a retrospective study

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## Theory

European guidelines recommend a **dual antiplatelet therapy (DAPT)** after **acute coronary syndrome (ACS\*)**, regardless of the revascularization method<sup>1</sup>.

## Background

VS

## Reality

After **coronary artery bypass graft (CABG)**, DAPT is not prescribed systematically mainly because of concerns about bleeding risk.

## Aim

Can the dissemination of an **internal protocol on post-operative anti-thrombotic therapy** prescription improve European guidelines adherence in patients undergoing **CABG after ACS**?

## Conclusion

**Yes, guidelines adherence in terms of antithrombotic therapy in ACS patients after CABG increased significantly, without increasing bleeding events.**

## Method

Retrospective data collection

### Group 1

CABG surgery Jan 2018 - Dec 2020

Before

### Group 2

CABG surgery Jan 2021 - Dec 2022

After

### Primary outcomes

Guidelines adherence if postoperative DAPT<sup>1</sup>, SAPT<sup>2</sup> + OAC<sup>3</sup> or TAT<sup>4</sup>

<sup>1</sup>Dual antiplatelet therapy, <sup>2</sup>Single antiplatelet therapy

<sup>3</sup>Oral anticoagulation, <sup>4</sup>triple antithrombotic therapy

Weekly dissemination of an **antithrombotic therapy protocol\*\*** after urgent CABG

\*\*Interdisciplinary collaboration: one pharmacist, two cardiologists and one cardiac surgeon

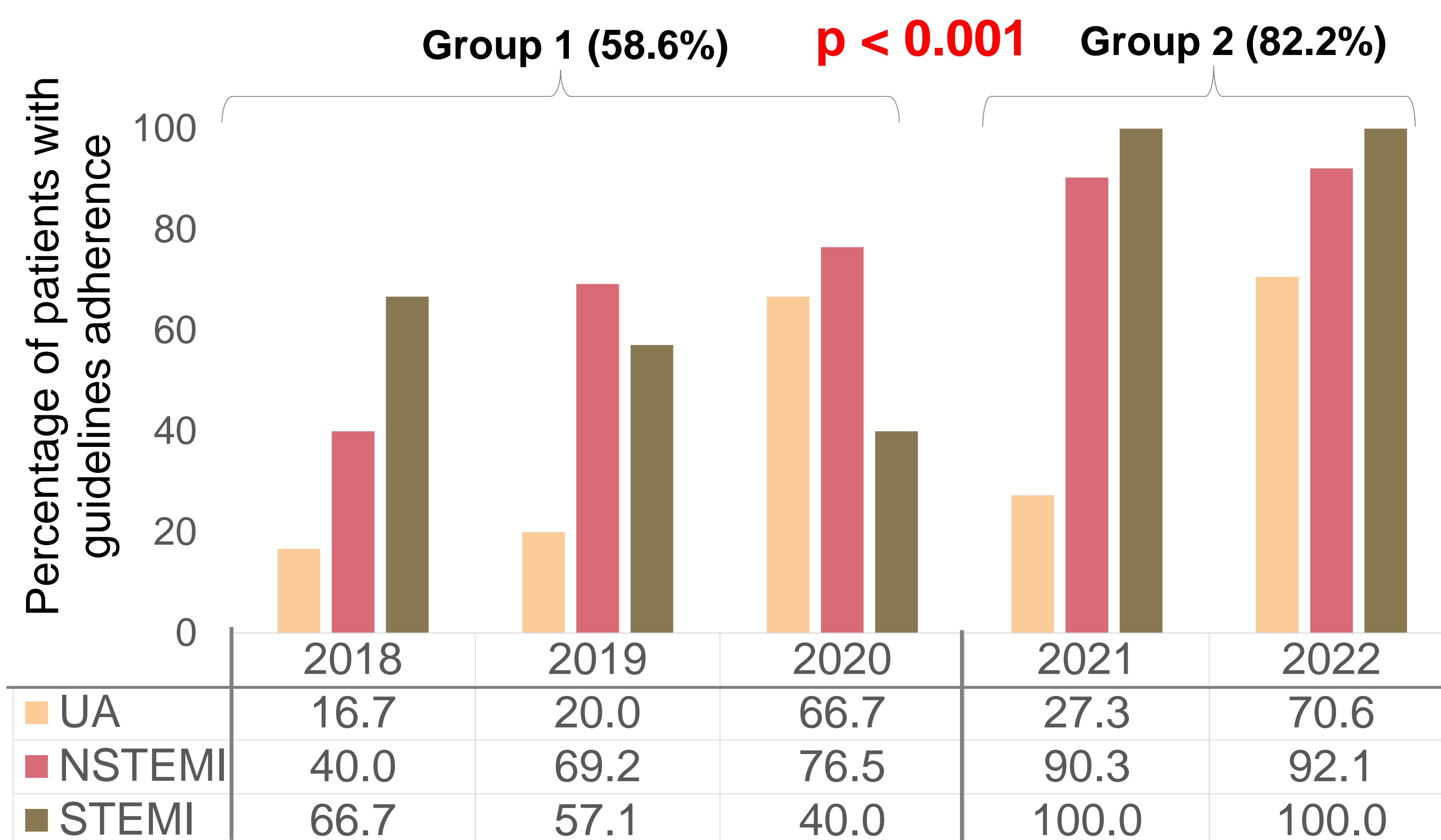
### Secondary outcomes

Major bleeding events during the hospital stay and at 12 months after surgery

## Results

### Primary outcomes

Guidelines adherence in terms of antithrombotic therapy



Group 1 = 152 patients included vs Group 2 = 107 patients included

\*Three presentation of ACS: unstable angina (UA), non st-elevation myocardial infarction (NSTEMI) and STEMI = st-elevation myocardial infarction

### Demographic results

- Total of **259 patients** included : men 83.8%, median age 67 [58;74] years
- Two groups: similar demographic characteristics except for smoking status and type of ACS\* events

### Secondary outcomes

Major bleeding events

*During the hospital stay:*

- 9 (5.9%) in Group 1 vs
- 2 (1.9%) in Group 2 (p = 0.130)

*At 12 months after surgery:*

- 7 (4.6%) in Group 1 vs
- 3 (2.8%) in Group 2 (p = 0.531)