

SORT: KEY RECOMMENDATIONS FOR PRACTICE

<i>Clinical recommendation</i>	<i>Evidence rating</i>	<i>References</i>	<i>Comments</i>
Aspirin must be continued preoperatively when prescribed as secondary prevention of cardiovascular disease or stroke.	A	20, 23	Meta-analyses of high-quality trials ²⁰ and stent thrombosis studies ²³
Early clopidogrel (Plavix) withdrawal (i.e., less than six weeks after bare-metal stents, less than six months after acute coronary syndrome, less than 12 months after drug-eluting stents) should be avoided because it is the main predictor of coronary thrombosis.	B	18, 19, 24	Large prospective observational studies
Antiplatelet agents should not be interrupted preoperatively because the risk of cardiovascular events when withdrawing them is generally higher than the risk of surgical bleeding when upholding them.	B	3, 4, 14, 15, 17, 30	Body of observational and quasi-experimental evidence favors this recommendation, but randomized controlled trials are needed to ascertain it
Elective operations should be delayed beyond dual antiplatelet therapy; operations during dual antiplatelet therapy must be performed without drug interruption.	B	3, 15, 25, 28	American College of Cardiology and American Heart Association recommendations, ^{3,15} comparative clinical studies ^{25,28}

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to <http://www.aafp.org/afpsort.xml>.