

PERIOPERATIVE BLEEDING IN AN UROLOGICAL PATIENT ON ASPIRIN THERAPY

Natalija Vuković¹, Bratislav Pejić², Milan Lazarević³

¹Anesthesiology and Reanimation Center, Clinical Center, Niš, Serbia

²Urology Clinic, Clinical Center, Niš, Serbia

³Cardiovascular and Transplant Surgery Clinic, Clinical Center, Niš, Serbia

Contact: Natalija Vuković
Sindjelićev trg 20/40, 18000 Niš, Serbia
E-mail: massha.vukovic@gmail.com

Diseases of the heart and blood vessels are the leading cause of death in Serbia, with a share of 53.7% of all causes of death. Platelets have a key role in the pathogenesis of these diseases and antiaggregation therapy is the first line of treatment. The most widely used antiaggregation drug is acetylsalicylic acid (aspirin).

The patients undergoing urological surgical treatment are mostly elderly people with cardiovascular or cerebrovascular diseases, who have aspirin included in their regular therapy. The preparation of patients for surgery and anesthesia for transurethral resection of the prostate, among other things, involves an assessment of the perioperative risk of thrombosis and bleeding.

The aim of this paper is to show the complexity of perioperative preparation of patients on aspirin for transurethral resection of the prostate in an absence of a specific guideline.

The paper illustrates a patient on aspirin, who experienced increased perioperative bleeding and postoperative complications. Increased bleeding and complications developed despite preoperative exclusion of aspirin two days before transurethral resection of the prostate.

The guidelines of the American College of Chest Physicians on perioperative management of antithrombotic therapy recommend the continuation of aspirin therapy perioperatively in patients with medium or high risk of cardiovascular events in non-cardiac surgery. The guideline also emphasizes that urological procedures, including TURP, are associated with an increased risk of bleeding.

Large-scale studies are warranted in order to gain a definitive, scientifically verified view on the use of aspirin in patients undergoing transurethral resection of the prostate.

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