

Timing of Low-Dose Aspirin Discontinuation

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Aspirin is typically discontinued in cranial and spinal surgery because of the increased risk of hemorrhagic complications, but comes together with the risk of resulting in an increase of cardiac and neurologic thrombotic perioperative events.

Currently, there is no consensus on whether or not aspirin should be discontinued before cranial or [spinal surgery](#). Currently, aspirin is typically discontinued in cranial and spinal surgery, because of a potential increased risk of hemorrhagic complication. An argument not based on a clinical trial. However, this policy might delay surgical procedures or carry the risk of resulting in an increase in cardiac and neurologic thrombotic perioperative events. It is unclear if the possibility of an increase in hemorrhage-related complications outweighs the risk of an increase in cardiac and neurologic thrombotic perioperative events ¹⁾

The timing of discontinuing low-dose [aspirin](#) before a surgical procedure varies depending on the specific circumstances and the type of surgery. It is crucial to follow the guidance of your healthcare provider, who will consider factors such as the reason for taking aspirin, your overall health, and the surgical procedure itself.

In general, discontinuing low-dose aspirin before surgery is done to reduce the risk of bleeding during and after the procedure. However, abruptly stopping aspirin can increase the risk of blood clots, especially in individuals who take it for cardiovascular protection.

Here are some general guidelines, but keep in mind that individualized recommendations may differ:

Elective Surgery: If the surgery is planned and elective, your healthcare provider may recommend discontinuing low-dose aspirin a certain number of days before the procedure. The exact timing can vary and is influenced by factors such as the half-life of aspirin and the specific surgery. Typically, this might range from a few days to a week before the surgery.

Urgent or Emergency Surgery: In urgent or emergency situations, the decision to discontinue low-dose aspirin may be made on a case-by-case basis. In some instances, the potential bleeding risk may be outweighed by the risk of not adequately protecting against blood clots.

It's important to communicate openly with your healthcare team about your medication history, including low-dose aspirin, and to follow their recommendations precisely. Do not make any changes to your medication regimen without consulting your healthcare provider, as they will consider your individual health situation and the specific requirements of the surgical procedure.

Timing of Low-Dose Aspirin Discontinuation for chronic subdural hematoma

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Zian A, Overvest GM, Schutte PJ, Klok FA, Steyerberg EW, Moojen WA, van der Gaag NA. Aspirin: neurosurgical aspirin intervention prognostic study - perioperative continuation versus discontinuation of aspirin in lumbar spinal surgery, a randomized controlled, noninferiority trial. *Trials*. 2024 Feb 29;25(1):156. doi: 10.1186/s13063-024-07945-w. PMID: 38424535.

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