VerifyNow

The VerifyNow system provides platelet reactivity results in minutes, offering valuable insights in various clinical settings such as the operating room, cardiac catheterization lab, interventional radiology, or central laboratory.

As the most widely cited and utilized platelet reactivity testing system, VerifyNow is an essential tool for improving patient care.

The VerifyNow system offers a simple, rapid, and proven solution for assessing platelet reactivity to antiplatelet medications such as aspirin and clopidogrel. The test can measure the effect of antiplatelet therapy before hospital discharge, ensure the patient's pharmacological response to generic medications, identify patients at risk of bleeding related to antiplatelet therapy or major adverse cardiac events, and detect therapy non-compliance. This can help reduce the duration of antiplatelet therapy, the need for standard preoperative platelet orders, the length of hospital stay before surgery, and 30-day readmissions.

The VerifyNow Aspirin Test measures the patient's platelet response to aspirin, while the VerifyNow PRUTest* helps identify patient sensitivity to antiplatelet therapy. VerifyNow tests can assess the antiplatelet effect before hospital discharge, ensure drug response, identify the risk of a hemorrhagic, thrombotic, or major cardiac event, and detect therapy non-compliance.

Accurate

The system uses Light Transmission Aggregometry (LTA), which requires no sample manipulation, eliminating analytical variability. It is the reference technology for pharmaceutical development. Easy Integration Simple to use, with no pipetting or sample preparation required, reducing the risk of preanalytical errors. The sample-to-answer system, a fully self-contained single-use platform, makes VerifyNow ideal for point-of-care testing as well as laboratory analysis.

VerifyNow Aspirin Test Helps evaluate how aspirin (acetylsalicylic acid) affects platelets, allowing for quick and informed treatment decisions.

VerifyNow PRUTest* Measures the level of P2Y12 platelet receptor blockade, aiding in the identification of patient response to antiplatelet therapy, including clopidogrel (Plavix), prasugrel (Effient), and ticagrelor (Brilinta).

Narrative Reviews

Thromboembolism is one of the main causes of severe complications in the endovascular treatment of cerebral aneurysms, and antiplatelet therapy (APT) is necessary to prevent such complications. Conversely, prolonged antiplatelet therapy has the potential risk of hemorrhagic complications; therefore, the timing of dose reduction or antiplatelet therapy discontinuation is an important aspect of periprocedural APT. However, no clinical evidence of an optimal regimen of APT for cerebral aneurysms exists, and the selection, dosage, duration, or combination of antiplatelets has been dependent on physicians for unruptured or ruptured cerebral aneurysms. Many reports have shown that preoperative APT can reduce ischemic complications without increasing hemorrhagic complications, and some reports have shown that the P2Y12 reaction units (PRU) value measured using the VerifyNow (Werfen, Barcelona, Spain) system is associated with periprocedural ischemic and hemorrhagic complications. Appropriate dose and duration management adjustments based on the platelet reactivity testing, aneurysm morphology, treatment, and patient background may contribute to good outcomes. Although accumulating evidence exists regarding the efficacy of preoperative APT, there is no evidence regarding the optimal duration or discontinuation of APT¹⁾

Matsubara et al. effectively highlight the importance of APT for thromboembolism prevention in neuroendovascular procedures. However, the study lacks specific guidelines on antiplatelet therapy discontinuation, standard PRU cutoffs, and alternative antiplatelet regimens. While the evidence supporting preoperative APT is growing, future research should focus on RCTs that establish optimal treatment durations and risk stratification models to ensure safe and effective therapy.

1)

Matsubara H, Egashira Y, Enomoto Y. Antiplatelet Therapy in Endovascular Treatment of Cerebral Aneurysms. J Neuroendovasc Ther. 2025;19(1):2024-0016. doi: 10.5797/jnet.ra.2024-0016. Epub 2024 Jun 22. PMID: 40007974; PMCID: PMC11850991.

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