Anticoagulation after intracoronary stent insertion

Sir,—Anticoagulation after intracoronary stent insertion is a controversial issue and, because the anticoagulation protocols used in different hospitals are short-lived, nurses and junior staff have to adjust to ever-changing protocols at a rapid pace. The article by Brack et al gives the impression that the proposed anticoagulation strategy is an accepted mode of treating patients after stent implantation. This is misleading and requires correction.

The paper was accepted for publication on the 9 February 1994. In the meantime most institutions have relaxed their anticoagulation scheme considerably. As Brack et al state in their last sentence, low molecular weight heparin has replaced intravenous heparin in many centres and no anticoagulation variables are monitored. The relatively elaborate protocol proposed in the article adds considerably to the work of the nursing staff and to the cost. Also, heavy anticoagulation can cause several local and systemic complications. The fact that Brack et al saw no stent thrombosis in their last 50 procedures after this relatively strict anticoagulation protocol does not mean that the antithrombotic regimen was responsible for the good outcome. It may well be that the learning curve of the stent implantation overlaid use of this protocol. Most investigators involved in this topic now agree that it is the primary result after stenting that determines the presence of thrombotic occlusion rather than the anticoagulation regimen. If the primary result is impeccable without any residual stenosis (as judged by digital angiography or intravascular ultrasound) and with excellent apposition of all stent struts in all segments and good flow, anticoagulation with heparin and warfarin can probably be dispensed with. Aspirin may then be the only recommended treatment.

I recommend that heavy anticoagulation be reserved for cases where the results of stenting are less than perfect.

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NOTICES

The 1995 Annual Meeting of the British Cardiac Society will take place at the Conference Centre, Harrogate, North Yorkshire from 23 to 25 May.

A course on practical adult cardiovascular pathology organised by Professor M J Davies and Dr M N Sheppard will take place at the Royal Brompton National Heart and Lung Institute on Monday 16 October 1995. For further information, please contact Dr Mary N Sheppard, National Heart and Lung Institute, Dovehouse Street, London SW3 6LY (tel: 0171 351 8172; fax: 0171 376 3442).

The ninth annual meeting of the Mediterranean Association of Cardiologists and Cardiac Surgery will take place on 20–25 October 1996 in Tel Aviv, Israel. For further information, please contact The Secretariat, 9th Annual Meeting of Cardiology and Cardiac Surgery, PO Box 50006, Tel Aviv 61500, Israel (tel: +972 3 514 0014; fax: +972 3 517 5674/514 0077).
"Why am I short of breath, doctor?"

Andrew J Coats

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doi: 10.1136/hrt.73.4.393

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