

## Frequently Asked Questions About Post-MI

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**Q.** When should MI patients who had a DES implanted stop taking antiplatelet therapy before undergoing a procedure?

**A.** Dual antiplatelet therapy should be continued for at least 12 months after DES implantation because the risk of stent thrombosis is high. Clinicians and patients need to weigh the benefits of any procedure against the risks associated with stopping antiplatelet therapy. For elective surgery that carries a high risk of perioperative or postoperative bleeding, the ACC and AHA advise deferring surgery until the full course of dual antiplatelet therapy has been completed. However, invasive dental procedures and colonoscopy (even with polypectomy) are associated with low risks of bleeding in patients receiving antiplatelet therapy; for these interventions, the risk of stopping antiplatelet therapy would likely outweigh any procedural bleeding risk. If surgery with a high bleeding risk (such as abdominal surgery) cannot be deferred, one option is to stop thienopyridine therapy but continue aspirin and then restart thienopyridine therapy as soon as possible. The use of a low molecular weight heparin may be considered, but this option also carries a bleeding risk.

**Q.** How do you approach dual antiplatelet therapy in patients with a history of gastrointestinal (GI) bleeding?

**A.** If the patient has recurrent GI bleeding, PPI therapy would be needed. Pantoprazole does not interfere with clopidogrel's metabolism and could be used safely. If the patient has a duodenal ulcer, treatment for *Helicobacter pylori* infection would be appropriate.

**Q.** Are some patient groups more likely to be resistant to clopidogrel than others? Should patients be tested for resistance?

**A.** There appear to be ethnic differences in the distribution of genetic variants associated with clopidogrel resistance. These variants are more common among Asian populations and less common among African Americans, for example. However, routine genetic testing is not recommended.