

## **PERIOPERATIVE STROKE**

Perioperative strokes can occur during or up to 30 days post-surgery. Patients most at risk for perioperative strokes are patients who have recently had a stroke or transient ischaemic attack, older patients (>70yr), patients with diabetes mellitus, patients with atrial fibrillation or congestive heart failure and patients with renal failure.

The timing of when to proceed with surgery after a stroke will depend on the balance between the perioperative stroke risk and the risk of delaying the surgery. Elective surgeries should preferably be delayed till at least 6 months after a stroke. Emergency surgeries should generally proceed without delay if the risk of delaying the surgery outweighs the perioperative stroke risk.

To reduce the risk of perioperative strokes, it is important to ensure that previous strokes have been fully investigated and where possible, the underlying cause for the stroke, for example, severe carotid stenosis or atrial fibrillation, is treated first. Many surgical procedures nowadays do not require the stopping of aspirin for the surgery and many minor surgical procedures, such as uncomplicated cataract surgery, also do not require anticoagulation to be stopped. Patients at high risk of bleeding but also at high risk of strokes should have their anticoagulation discontinued and bridged with heparin, where appropriate, with resumption of anticoagulation as soon as possible. Symptomatic carotid stenosis should be treated with carotid endarterectomy or carotid artery stenting before the patient undergoes cardiac surgery or other general surgery.