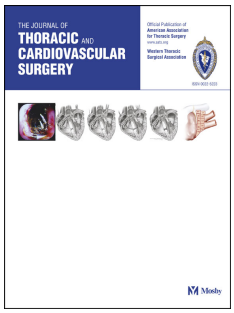
Accepted Manuscript



Optimizing Outcomes After CABG: The Argument For Dual Antiplatelet Therapy

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PII: S0022-5223(15)01738-9

DOI: 10.1016/j.jtcvs.2015.09.046

Reference: YMTC 9957

To appear in: *The Journal of Thoracic and Cardiovascular Surgery*

Received Date: 4 September 2015

Accepted Date: 8 September 2015

Please cite this article as: Halkos ME, Optimizing Outcomes After CABG: The Argument For Dual Antiplatelet Therapy, *The Journal of Thoracic and Cardiovascular Surgery* (2015), doi: 10.1016/j.jtcvs.2015.09.046.

Optimizing Outcomes After CABG: The Argument For Dual Antiplatelet Therapy

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Disclosures: Nothing to disclose

In this month's issue of The Journal of Thoracic and Cardiovascular Surgery, Yanagawa and colleagues[1] highlight an important topic that is frequently overlooked by surgeons. Numerous trials have shown improved cardiovascular outcomes for patients treated with dual antiplatelet therapy (DAPT) after presenting with acute coronary syndrome (ACS). In this survey of 75 Canadian cardiac surgeons, only 45% re-initiate DAPT after a routine CABG in ACS patients. Only 60% were aware of the current guidelines about DAPT in patients presenting with an ACS, and only 64% of respondents believed that the benefits of DAPT included ACS patients treated with CABG.

The guidelines are hardly compelling. The AHA/ACC guidelines recommend that patients with prior CABG and non-ST elevation ACS should receive antiplatelet therapy according to guideline-directed medical therapy but do not provide specifics[2]. The European Society of Cardiology recommends restarting $P2Y_{12}$ inhibitors after CABG when safe[3]. Neither of these recommendations comments on the timing or duration of