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Peri-operative Antithrombotic Therapy in Hair Transplantation

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Introduction

Patients under antithrombotic therapy sometimes visit our clinic for hair transplantation. Antithrombotic therapy is of critical importance to prevent serious cardiovascular events in patients with a mechanical heart valve, a coronary artery stent, or atrial fibrillation (Figure 1). Hair transplantation is considered safe surgery, therefore, peri-operative cardiovascular complications must be avoided.16

Mechanical Heart Valve

Thrombus formation on the metal surface of the mechanical prosthetic heart valve results in malfunction and acute regurgitation of the valve with severe heart failure, which makes the patient critically ill. A thrombosed mechanical heart valve needs to be replaced with a new mechanical heart valve, and replacement surgery is a high-risk procedure.

Peri-operative control of antithrombotic therapy is of critical importance for prevention of thrombotic events and safe surgery in patients with a mechanical heart valve (Figure 2). According to the most recent guidelines, antithrombotic drugs should not be stopped and should be continued in a reduced dose before surgery.

Bridging Anticoagulation

The author doesn’t stop warfarin before surgery in patients with a mechanical heart valve. Some cardiologists and other physicians may recommend stopping warfarin and antiplatelet drugs for one week before surgery. Because it is written in many books, sometimes cardiologists recommend bridging antithrombotic therapy using low molecular weight heparin.

This heparin-bridging regimen is one of incorrect information in modern medicine, and it should not be recommended. There is no evidence based on scientific data for heparin bridging. For more than 30 years, basic scientists just concluded in Las Vegas.

A note from Dr. True: One of the greatest strengths of our Society is the diversity of backgrounds of our membership. Because of our primary specialties, many of us bring unique expertise to our Society—neurosurgery, urology, facial plastics, dermatology, cardiology, ENT, anesthesiology, etc. And when our members share insights from their background, it often enhances all of our practices. The lead article in this issue is a perfect example. Our immediate Past President, Dr. Kuniyoshi Yagyu, is a cardiologist by training. He has contributed many articles and presentations on the management of cardiology conditions during hair restoration surgery and in this issue he offers a very thorough and clearly written guide to help us provide correct peri-operative management of antithrombotics in hair transplantation.

I also would like to express Dr. Mario Marzola’s and my gratitude on behalf of all the members to Dr. Yagyu for his outstanding leadership of our Society. We have been fortunate to have had the right leader at the right time to guide us through some difficult issues. We should hope that other societies and nations will be fortunate to have leaders of the same quality.

On page 252, we share an excerpt from Dr. Yagyu’s opening remarks at the 24th ISHRS World Congress just concluded in Las Vegas.

Disorders Requiring Lifelong Antithrombotic Therapy

<table>
<thead>
<tr>
<th>Low Risk Group</th>
<th>High Risk Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old myocardial infarction</td>
<td>Unstable angina pectoris</td>
</tr>
<tr>
<td>Old cerebral infarction</td>
<td>Recent cerebral infarction</td>
</tr>
<tr>
<td>Permanent atrial fibrillation</td>
<td>Acute transient ischemic attack</td>
</tr>
<tr>
<td>Bio-prosthetic heart valve</td>
<td>Mechanical heart valve</td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td>Coronary artery stent</td>
</tr>
</tbody>
</table>

Figure 1. Disorders requiring lifelong antithrombotic therapy.

1/2 dose / stop for 5-7 days
continue maintenance dose / 2/3 dose for a few days

operation