



Antiplatelet and anticoagulant agents in vitreoretinal surgery: a prospective multicenter study involving 804 patients

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Dear Editor,

We thank Dr. Zarei for his comments about our paper about antiplatelet and anticoagulant agents in vitreoretinal surgery [1]. We agree about the fact that the discontinuation of antiplatelet agents should be discussed with the patients and his/her cardiologist before surgery with full informed consent. The recommendations provided by the cardiologists in different continents are very helpful for making decisions in difficult and specific cases [2, 3]. In fact, there are different situations to be considered in vitreoretinal surgery.

1. Planned cases with almost no bleeding risk (epiretinal membrane, macular hole surgery, and many vitrectomies for vitreous hemorrhage in diabetic patients...). In these cases, the treatment should not be stopped. This is of importance not only for the ocular surgeons but also for the anesthesiologist if the surgery is performed under local anesthesia.
2. Emergency cases like retinal detachment and endophthalmitis. These cases do not need antiplatelet (APT) agents' discontinuation. This point is crucial, as we know that the time duration before surgery in a macula off retinal detachment will influence final visual outcome. The surgery should not be delayed because of APT and must be performed as quickly as possible without any bleeding risk. These two categories represent almost 90% of causes for vitreoretinal surgeries in France.
3. Planned cases with potential high risk of bleeding. Tractional retinal detachment in diabetic patients represents the major part of this category. In these cases, the ocular conditions should be considered: preexisting (complete or not)

panphotocoagulation, type of retinal detachment. In these cases, there is time for discussion. These conditions should be considered with the cardiologist as APT discontinuation can induce life-threatening events. The possibility to preoperatively use anti-VEGF agents to decrease the rate of bleeding has probably dramatically changed the trend to discontinue APT treatment [4]. Finally, while we agree that APT treatment should increase bleeding in these difficult cases, we found in our series that this risk was similar to what was observed if not discontinued. The fact that endodiathermy was associated with an increased risk of bleeding, only suggested that tractional retinal detachment is at high risk of bleeding whatever APT treatment. Then the pros and cons of APT discontinuation—at least for a short period of time—should be considered with the cardiologist and the patient.

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