



No Need to Withhold Aspirin Before Polypectomy

There's no need to withhold aspirin or nonsteroidal antiinflammatory drugs (NSAIDs) before a colonoscopy or polypectomy, say researchers who conducted a large retrospective study at the VA Healthcare Network Upstate New York at Syracuse.

Of 1,174 patients, 502 (43%) were on aspirin therapy, NSAIDs, or both (Group A). Those patients did not differ statistically from patients without aspirin or NSAIDs (Group B) in number or location of polyps, adenoma detection rate, or polypectomy technique.

Bleeding was considered significant if the patient became hemody-

namically unstable, if hemoglobin or hematocrit fell, or if the patient required hospitalization, transfusion, or other interventions.

The overall risk of bleeding in the entire cohort was 3.1%. In Group A, 10 patients had immediate postpolypectomy bleeding, and in 6 patients it was delayed (1 to 9 days after surgery). In Group B, 14 patients had immediate postoperative bleeding, and 6 patients had delayed bleeding. Five patients with delayed bleeding required hospitalization, blood transfusions, or other interventions, but there was no long-term morbidity. One patient in each group underwent colonoscopy for postoperative bleeding.

The total number of polyps re-

moved was the only risk factor significantly associated with bleeding (confirming data from other studies).

The safety of polypectomy for patients taking aspirin or NSAIDs has been debated for some time, the researchers say, but they point out that theirs isn't the only study to find that aspirin and NSAIDs do not increase the risk of postoperative bleeding—the risk has also been assessed in patients who have undergone other invasive procedures, such as transrectal prostate biopsies and transbronchial lung biopsies. ●

Source: Manocha D, Singh M, Mehta N, Murthy UK. *Am J Med.* 2012;125(12):1222-1227. doi: 10.1016/j.amjmed.2012.05.030.