中文題目: 是否在術前停止使用抗血小板抑制藥物對內視鏡切除大腸息肉後出血的影響

英文題目: The effect of discontinuation of antiplatelet agents on colonoscopic

postpolypectomy bleeding

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Background: Bleeding is the most complication after colonoscopic polypectomy. Several factors associated with postpolypectomy bleeding have been discussed but whether antiplatelet agents increase the risk remains controversial. To discontinue antiplatelet agents before polypectomy still be unclear. We plan to assess discontinuation of antiplatelet agents on postpolypectomy bleeding and identify the risk factors associated with postpolypectomy bleeding.

Methods: Patients undergoing colonoscopic polypectomy between November 2013 and September 2014 were recruited in the retrospective study. Patients' demographics, clinical parameters, polyp characteristics, using of antiplatelets, and the prevalence of immediate or delay postpolypectomy bleeding were reviewed from electronic medical records. Multiple regression analysis was performed to identify independent risk factors associated with postpolypectomy bleeding.

Results: 496 patients and 845 polyps were removed in this study. The bleeding rate was significantly higher in patients with antiplatelet therapy (14.9% versus 6.5%, p=0.017). In multiple logistic regression analysis, antiplatelet users (hazard ratio:5.97; 95% confidence interval:1.37-26.02, p = 0.017) and bigger polyp removal (cut level 11.5mm, hazard ratio:1.42; 95% confidence interval:1.19- 1.71, p < 0.000) were the significant factors. In antiplatelet users, discontinuation of antiplatelet agents 5-7days before polypectomy was the independent protective factor of bleeding (hazard ratio: 0.12, 95% confidence interval: 0.02-0.84, p=0.03), especially when polyp \geq 12mm.

Conclusions: Our study confirmed that use of antiplatelets and bigger polyp size are associated with colonoscopic postpolyectomy bleeding. Discontinuation of antiplatelet 5-7 days before polypectomy could decrease the bleeding while size more than 12 minimeter.