Outcomes of Skin Grafting in Patients Taking Anticoagulants

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Disclosure of Relevant Financial Interests

Nothing to Disclose
Surgical patients may have serious medical problems including atrial fibrillation, myocardial infarction, deep vein thrombosis, pulmonary embolism, and stroke.

These patients may be taking anticoagulant medications such as clopidogrel, aspirin, warfarin, and enoxaparin.
Background

Little research has been published regarding the perioperative use of anticoagulants in patients undergoing skin grafting.

There are no current guidelines regarding the use of anticoagulant medications in these patients.
Objectives

To investigate the surgical complications in skin graft patients taking medications that inhibit primary or secondary hemostasis.
Methods

We conducted a retrospective chart review using ICD-9 codes of all patients who underwent skin grafting by one plastic surgeon at Winthrop University Hospital over the course of two years.
Results: Patient Population

- 83 patients who received skin grafts were identified using ICD-9 code search
- 19 of these patients were taking anticoagulant medications
- 12 Females
- 7 Males
- Mean age: 75.4 years
Results: Patients by Type of Anticoagulant Medication

- **Warfarin**: 9 patients
- **Aspirin**: 2 patients
- **Clopidogrel**: 4 patients
- **Warfarin and enoxaparin**: 1 patient
- **Warfarin and clopidogrel**: 1 patient
- **Clopidogrel and aspirin**: 1 patient
Results: Medical Conditions

- Conditions for which patients received anticoagulant therapy:
  - Atrial fibrillation
  - Cardiovascular diseases
  - Stroke
  - Factor V Leiden
  - Essential thrombocytosis
Results: Skin Grafting

Outcomes

- All patients underwent successful skin grafting with vacuum-assisted wound closure device placement.

- No graft losses reported
- No blood transfusions required
- No seromas or hematomas
- No donor site complications
Discussion

- Approximately 25% of patients undergoing dermatological surgery take antithrombotic medications.

- Incidence of bleeding complications in dermatological surgery is low.

- There is little evidence to suggest that patients should discontinue anticoagulant use prior to cutaneous surgery.
Discussion

- In our patient cohort there appeared to be no increased risk of hemostatic complications in patients taking anticoagulant medications while undergoing skin grafting.

- There were no reported complications, hemostatic or otherwise.
Clinicians must balance the risks and benefits of allowing patients to use anticoagulant medications perioperatively.

The lack of complications in our study suggests that the risks of discontinuing these medications may outweigh the benefits.
References


