

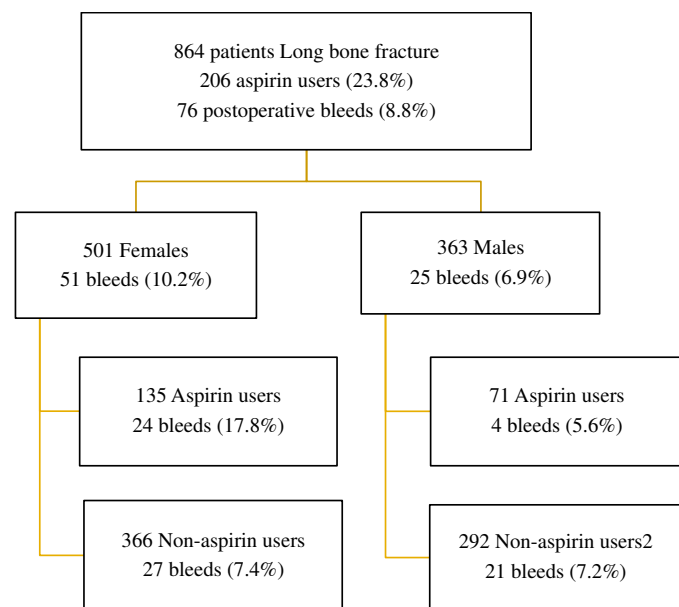
# ASSOCIATION OF SEX AND ASPIRIN USE WITH POSTOPERATIVE BLEEDING IN PATIENTS WITH LOWER EXTREMITY LONG BONE FRACTURES

Fisher et al.  
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**Background:** The perioperative management of patients on antiplatelet drugs is a rising challenge in orthopedic trauma; antiplatelet drugs are frequently encountered and carry an increased risk of hemorrhagic consequences.

**Aim:** To examine the effect of aspirin on bleeding events among patients with lower extremity fractures.

**Hypothesis:** Patients taking aspirin preinjury will have a greater incidence of postoperative bleeds than non-aspirin users.



**Design:** Multicenter, retrospective, 5 trauma centers, 1/2018-3/2020.



**Exposure:** Pre-injury aspirin use  
Overall: 23.8%

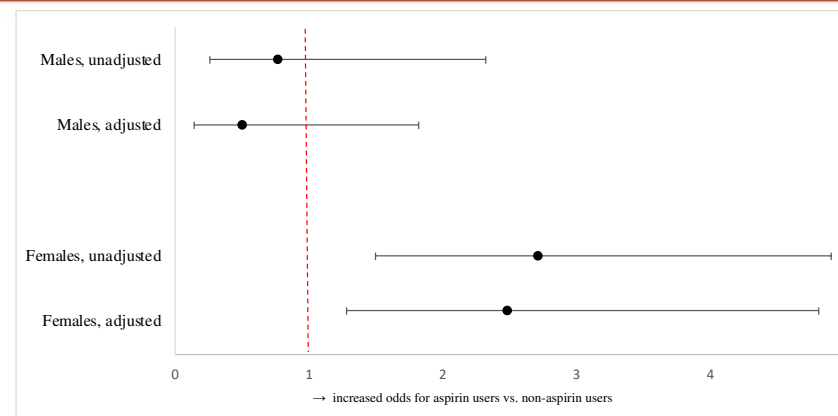


**Outcome:** Clinically significant bleed within 24h postop  
Overall: 8.8%

## CONCLUSIONS



These findings suggest adequate perioperative planning is required to ensure blood availability for females taking aspirin preinjury, and an increased awareness to monitor closely for hemorrhage in the 24-hour postoperative window.



**Key findings:** 8.8% developed a postoperative bleed; the majority (81%) were surgical site hemorrhage requiring a blood transfusion. Sex significantly modified the relationship between aspirin use and development of a postoperative bleed.

- Among females, there were more bleeds for aspirin users (17.8%) than non-aspirin users (7.4%), AOR: 2.48 (1.3-4.8),  $p=0.01$ .
- Among males, there was no association between aspirin use and bleeding events: 5.6% aspirin users vs. 7.2% non aspirin users, AOR: 0.50 (0.14-1.82),  $p=0.30$ .

