EDIÇÃO 02

Resumo da Comissão Científica SAERJ sobre o artigo:

“Continuation vs Discontinuation of Renin-Angiotensin System Inhibitors Before Major Noncardiac Surgery”

SAERJ
Sociedade de Anestesiologia do Estado do Rio de Janeiro

Research

JAMA | Original Investigation

Continuation vs Discontinuation of Renin-Angiotensin System Inhibitors Before Major Noncardiac Surgery
The Stop-or-Not Randomized Clinical Trial

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IMPORTANCE Before surgery, the best strategy for managing patients who are taking renin-angiotensin system inhibitors (RASIs) (angiotensin-converting enzyme inhibitors or angiotensin receptor blockers) is unknown. The lack of evidence leads to conflicting guidelines.

OBJECTIVE To evaluate whether a continuation strategy vs a discontinuation strategy of RASIs before major noncardiac surgery results in decreased complications at 28 days after surgery.

DESIGN, SETTING, AND PARTICIPANTS Randomized clinical trial that included patients who were being treated with a RASI for at least 3 months and were scheduled to undergo a major noncardiac surgery between January 2018 and April 2023 at 40 hospitals in France.

INTERVENTION Patients were randomized to continue use of RASIs (n = 1107) until the day of surgery or to discontinue use of RASIs 48 hours prior to surgery (ie, they would take the last dose 3 days before surgery) (n = 1115).

MAIN OUTCOMES AND MEASURES The primary outcome was a composite of all-cause mortality and major postoperative complications within 28 days after surgery. The key secondary outcomes were episodes of hypotension during surgery, acute kidney injury, postoperative organ failure, and length of stay in the hospital and intensive care unit during the 28 days after surgery.

RESULTS Of the 2222 patients (mean age, 67 years [SD, 10 years]; 65% were male), 46% were being treated with angiotensin-converting enzyme inhibitors at baseline and 54% were being treated with angiotensin receptor blockers. The rate of all-cause mortality and major postoperative complications was 22% (245 of 1115 patients) in the RASI discontinuation group and 22% (247 of 1107 patients) in the RASI continuation group (risk ratio, 1.02 [95% CI, 0.87-1.19]; $P = .85$). Episodes of hypotension during surgery occurred in 41% of the patients in the RASI discontinuation group and in 54% of the patients in the RASI continuation group (risk ratio, 1.31 [95% CI, 1.19-1.44]). There were no other differences in the trial outcomes.

CONCLUSIONS AND RELEVANCE Among patients who underwent major noncardiac surgery, a continuation strategy of RASIs before surgery was not associated with a higher rate of postoperative complications than a discontinuation strategy.

TRIAL REGISTRATION ClinicalTrials.gov Identifier: NCT03374449

Visual Abstract
Supplemental content

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Suspender ou continuar iSRA antes da cirurgia?

Um novo estudo no JAMA traz respostas!

O que são os iSRA?

Inibidores do sistema renina-angiotensina incluem os IECA (ex.: enalapril) e BRA (ex.: losartana), amplamente usados para hipertensão e insuficiência cardíaca.

O estudo STOP-OR-NOT analisou

2.222 pacientes

40 hospitais

iSRA mantidos vs. suspensos antes da cirurgia

Resultados

Não houve diferença na taxa de mortalidade ou complicações (22% vs. 22%).

Hipotensão intraoperatória foi mais comum no grupo que manteve os iSRA (54% vs. 41%).

O que isso significa na prática?

Suspender iSRA pode reduzir hipotensão intraoperatória.

Mas continuar também não aumenta complicações graves.

Decisão deve ser individualizada!

Mensagem final:

Avalie o risco de hipotensão do paciente.

Se **preocupação com hipotensão,** suspender pode ser uma opção.

Em pacientes estáveis, **manter o iSRA pode ser seguro.**

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