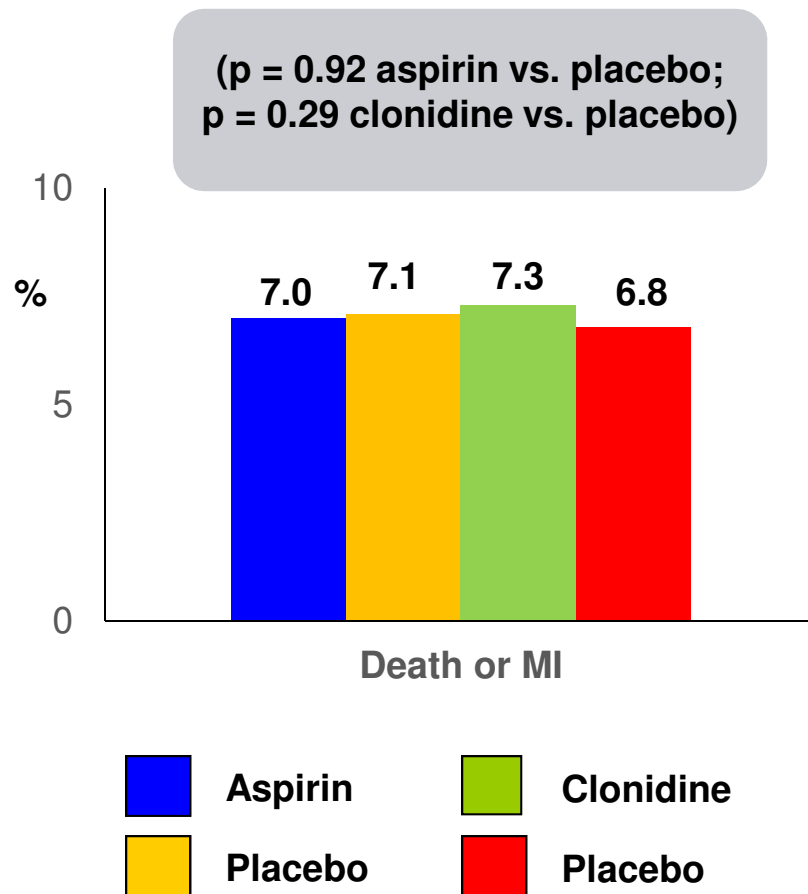


POISE-2

Trial design: Patients undergoing noncardiac surgery were randomized to perioperative aspirin (n = 4,998) vs. placebo (n = 5,012). Patients were also randomized to perioperative clonidine 0.2 mg (n = 5,009) vs. placebo (n = 5,001).



Results

- Death or MI: 7.0% of the aspirin group vs. 7.1% of the placebo group (p = 0.92)
- Major bleeding: 4.6% for aspirin vs. 3.8% for placebo (p = 0.04)
- Death or MI: 7.3% of the clonidine group versus 6.8% of the placebo group (p = 0.29)
- Clinically important hypotension: 47.6% for aspirin vs. 37.1% for placebo (p < 0.001)

Conclusions

- Among patients undergoing noncardiac surgical procedures, neither the perioperative use of aspirin, nor clonidine, was beneficial in reducing death or MI. Aspirin was associated with a significant excess in major bleeding, while clonidine was associated with a significant excess in hypotension.