Introduction
Patients taking antithrombotic medications that require surgery put physicians in a dilemma: stopping antithrombotic medication to avoid excessive bleeding, but increase the risk of thromboembolic disease, or maintaining the antithrombotic medication to prevent thromboembolism, but increase the risk of bleeding. The present study aimed to assess whether it is necessary to suspend antithrombotic drugs (warfarin, aspirin, and clopidogrel) for elective surgical procedures of the wrist and hand, through a systematic review.

Material and methods
The search strategy for the databases used the terms hand surgery and anticoagulant and other related word. There were no restrictions regarding the study design. However, only articles with sample size (patients or surgeries) equal to or greater than five patients operated who were using warfarin or antiplatelet drugs (ASA and clopidogrel) were selected. The complications assessed were those directly related to the effects of warfarin and antiplatelet agents (clopidogrel and ASA) on blood coagulation during surgery and up to two weeks postoperatively: excessive bleeding and bruising. Complications that were treated only with conservative methods were considered mild; those that required reoperation were considered severe.

Results

Conclusion
Patients taking warfarin or oral antiplatelet agents (ASA, clopidogrel, and ASA associated with clopidogrel) do not need to discontinue the medication to undergo hand and wrist surgeries.