Preventing Complications: Approach to the high risk PCI patient

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Disclosure Information

The following relationships exist:

Grant support: Abbott, BSC, Edwards, WL Gore

Off label use of products and investigational devices will be discussed in this presentation
If there is no uncertainty, you do not have a decision.

We almost never have all information needed to make a decision.
Poor LV Function

Remaining coronary circulation

LVEDP 36 mmHg
PRE
LVEDP = 36 mmHg
chest pain

Post IV NTG
LVEDP= 16 mmHg

Post PCI
LVEDP=31 mmHg

Post Lasix
LVEDP=22 mmHg

Poor LV Function
Assessing PCI Risk

PCI Anatomy vs Patient Complexity graph.
Assessing PCI Risk

![Assessing PCI Risk diagram](image)
Assessing PCI Risk

![Graph showing the relationship between PCI Anatomy and Patient Complexity]
Assessing PCI Risk
Avoiding & Managing Complications

- Talk to your patient before, during, & after catheterization
  - read the chart
- Plan the case
  - equipment
  - environment
  - support
- Call a failure a failure
  - Learn how to say I’m sorry
- Ask for help
- *No other option* is not an indication to do a procedure
- Optimal Femoral artery access
- Pericardiocentesis
- Do not treat nonischemic symptoms
- Prevention of contrast nephropathy & bleeding

Failure is a dress rehearsal for success.