Preventing Complications in the First Place

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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
Remaining coronary circulation

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

Patient Complexity
Assessing PCI Risk

High Risk Anatomy
Low Risk Patient

Low Risk Anatomy
High Risk Patient

High Risk Anatomy
High Risk Patient

Patient Complexity
Assessing PCI Risk

Patient Complexity
Assessing PCI Risk

EuroScore/STS 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.