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Session Title: Poster Session A

Session Time: Wednesday, May 5, 12:30 pm (Pacific Time)

Session Location: Exhibit Hall (Sapphire I-P)

Real World, Same-Day Transradial-PCI Patients In The US: Do the Guidelines Fit Practice?

Category: Vascular Access and Arterial Closure Devices

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Background: Recent practice statements have been published by the SCAI /ACC outlining potential patients suitable for outpatient PCI procedures. Whether these practice statements reflect actual real-world practice needs further exploration.

Methods: Retrospective review of the last 100 patients undergoing PCI and same day discharge were compared for their appropriateness under these latest 2009 SCAI/ACC statements on outpatient PCI. All patients had procedures done transradially. Preexisting data, that was prospectively collected for a quality assurance database and verified for submission under the NCDR program, was utilized. Patient characteristics were then compared to suggested published profile for out-patient, same-day PCI. Distances between home and hospital were estimated by zipcode. Specific attention was placed on whether the patients carried any of the suggested exclusions to same-day discharge.

Results: 106 procedures were recorded in the 100 patients. All had been identified post-PCI as uncomplicated and discharged that day. Early follow-up was done by nurse practitioners over the telephone to confirm education and medication compliance. No patients were readmitted nor had any post-procedural complication related to the PCI procedure. Population included 11 women and 89 men, median age 62[55, 71] years all presenting with stable angina. Contrary to published practice suggestions, 26 were older than 70 years, 5 insulin-dependent diabetics, 1 with decreased eGFR, 4 with contrast allergies, 8 with COPD on medications, 4 had multivessel disease and 6 had PVD, CHF or prior heart transplant. 62 lived further than 20 miles from the hospital at a median 54 [47, 69] miles. 23 underwent complex PCI with 5 LMCA, 2 grafts, 12 proximal LAD and 3 multivessel disease. If not preloaded with clopidogrel (n=52) for at least 2 hours, IV GP IIb/IIIa agents were given as bolus or short infusions. Only 15% had no exclusion to same day PCI.

Conclusion: Recently published SCAI/ACC suggestions for appropriate same day PCI may not accurately reflect what is possible in real world practice using standard transradial approaches. Whether these reflect regulatory or reimbursement constraints, the net effect will result in longer hospitalizations for US patients than similar patients outside of the US. Practice guidelines, regulatory/reimbursement policies, and advances in catheterization technology need to be aligned to optimize health care delivery.

Author Disclosures:

Ian Gilchrist: This author has nothing to disclose.

Denise Rhodes: This author has nothing to disclose.

Helen Zimmerman: This author has nothing to disclose.