Coronary Revascularization

KEY QUESTIONS FOR APPROPRIATE REVASCULARIZATION

1. Can the procedure potentially improve the patient’s expected long term mortality?
   • Is high risk anatomy present?
   • What is the extent of ischemia?

2. Can the procedure potentially improve the patient’s quality of life?
   • Is the patient already on guideline directed medical therapy?
   • What is the severity of angina?

3. What are the patient’s preferences and their impact on the procedure and outcomes?
   • Lifestyle
   • Near term life events
   • Medication adherence

KEY DECISION VARIABLES FOR APPROPRIATE REVASCULARIZATION

• Acute or stable presentation
• Prior bypass
• Anti-ischemic medical therapy
• Symptom severity
• Noninvasive testing or FFR/IVUS findings
• Anatomy
TOP REASONS FOR WHICH REVASCULARIZATION IS RARELY APPROPRIATE

1. **Asymptomatic with 1 or 2 vessel disease**
   - No or minimal anti-ischemic medications
   - Low or intermediate risk findings on noninvasive study

2. **Asymptomatic with 1 or 2 vessel disease**
   - Maximal anti-ischemic medications
   - Low risk findings on noninvasive study

3. **CCS Class I or II with 1 or 2 vessel disease**
   - No or minimal anti-ischemic medications
   - Low risk findings on noninvasive study

4. **STEMI with presumed successful treatment of culprit artery**
   - Stable
   - Normal LVEF
   - Additional revascularization during index hospitalization

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