




# 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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