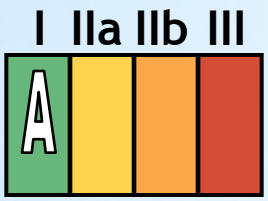
PCI in Specific Clinical Situations: UA/NSTEMI

An early invasive strategy (i.e., diagnostic angiography with intent to perform revascularization) is indicated in UA/NSTEMI patients who have refractory angina or hemodynamic or electrical instability (without serious comorbidities or contraindications to such procedures).

PCI in Specific Clinical Situations: UA/ NSTEMI (cont.)

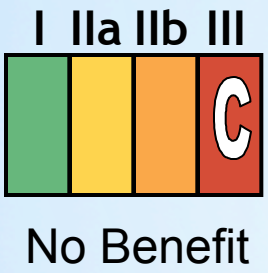


An early invasive strategy (i.e., diagnostic angiography with intent to perform revascularization) is indicated in initially stabilized UA/NSTEMI patients (without serious comorbidities or contraindications to such procedures) who have an elevated risk for clinical events.

PCI in Specific Clinical Situations: UA/ NSTEMI (cont.)

The selection of PCI or CABG as the means of revascularization in the patient with ACS should generally be based on the same considerations as those without ACS.

* PCI in Specific Clinical Situations: UA/ NSTEMI (cont.)



An early invasive strategy (i.e., diagnostic angiography with intent to perform revascularization) is not recommended in patients with extensive comorbidities (e.g., liver or pulmonary failure, cancer) in whom

a. The risks of revascularization and comorbid conditions are likely to outweigh the benefits of revascularization,

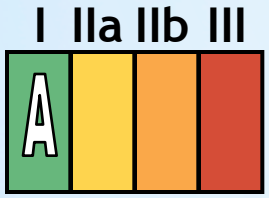
b. There is a low likelihood of ACS despite acute chest pain, or

c. Consent to revascularization will not be granted regardless of the findings.

Procedural Considerations

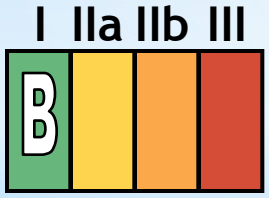
PCI in Specific Clinical Situations: STEMI

PCI in Specific Clinical Situations: STEMI–Coronary Angiography Strategies in STEMI



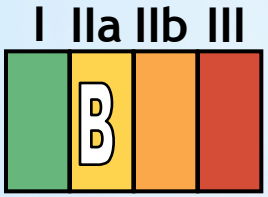
A strategy of immediate coronary angiography with intent to perform PCI (or emergency CABG) in patients with STEMI is recommended for

a. Patients who are candidates for primary PCI.



b. Patients with severe heart failure or cardiogenic shock who are suitable candidates for revascularization.

PCI in Specific Clinical Situations: STEMI–Coronary Angiography Strategies in STEMI (cont.)

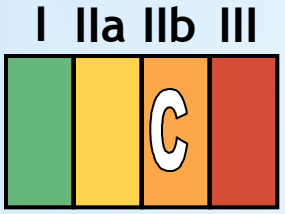


A strategy of immediate coronary angiography (or transfer for immediate coronary angiography) with intent to perform PCI is reasonable for patients with STEMI, a moderate to large area of myocardium at risk, and evidence of failed fibrinolysis.

PCI in Specific Clinical Situations: STEMI–Coronary Angiography Strategies in STEMI (cont.)

A strategy of coronary angiography (or transfer for coronary angiography) 3 to 24 hours after initiating fibrinolytic therapy with intent to perform PCI is reasonable for hemodynamically stable patients with STEMI and evidence for successful fibrinolysis when angiography and revascularization can be performed as soon as logistically feasible in this time frame.

PCI in Specific Clinical Situations: STEMI–Coronary Angiography Strategies in STEMI (cont.)



A strategy of coronary angiography performed before hospital discharge might be reasonable in stable patients with STEMI who did not undergo cardiac catheterization within 24 hours of STEMI onset.