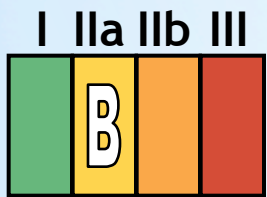


* Fractional Flow Reserve



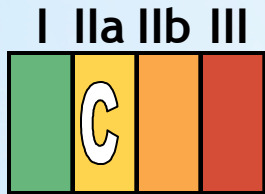
FFR is reasonable to assess angiographic intermediate coronary lesions (50% to 70% diameter stenosis) and can be useful in guiding revascularization decisions in patients with SIHD.

* PCI in Specific Clinical Situations: Revascularization Before Noncardiac Surgery



For patients who require PCI and who are scheduled for elective noncardiac surgery in the subsequent 12 months, a strategy of balloon angioplasty, or BMS implantation followed by 4 to 6 weeks of DAPT, is reasonable.

* PCI in Specific Clinical Situations: Revascularization Before Noncardiac Surgery



For patients with a DES who must undergo urgent surgical procedures that mandate the discontinuation of DAPT, it is reasonable to continue aspirin if possible and restart the P2Y₁₂ inhibitor as soon as possible in the immediate postoperative period.

* PCI in Specific Clinical Situations: Revascularization Before Noncardiac Surgery



Harm

Routine prophylactic coronary revascularization **should not be performed** in patients with stable CAD before noncardiac surgery.



Harm

Elective noncardiac surgery **should not be performed** in the 4 to 6 weeks after balloon angioplasty or BMS implantation or the 12 months after DES implantation in patients in whom the P2Y₁₂ inhibitor will need to be discontinued perioperatively.

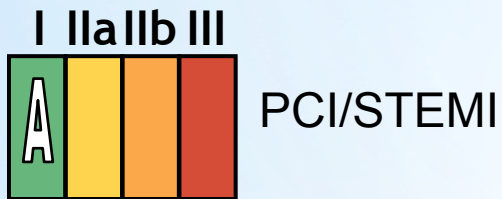
Procedural Considerations

Coronary Stents

* Coronary Stents



Before implantation of DES, the interventional cardiologist should discuss with the patient the need for and duration of DAPT and the ability of the patient to comply with and tolerate DAPT.



DES is useful as an alternative to BMS to reduce the risk of restenosis in cases in which the risk of restenosis is increased and the patient is likely to be able to tolerate and comply with prolonged DAPT.



* Coronary Stents (cont.)



Balloon angioplasty or BMS should be used in patients with high bleeding risk, inability to comply with 12 months of DAPT, or with anticipated invasive or surgical procedures within the next 12 months during which time DAPT may be interrupted.

* Coronary Stents (cont.)



Harm

PCI with coronary stenting **should not be performed** if the patient is not likely to be able to tolerate and to comply with DAPT.



Harm

DES **should not be implanted** if the patient is not likely to be able to tolerate and comply with prolonged DAPT, or this cannot be determined prior to stent implantation.

Procedural Considerations

Adjunctive Diagnostic Devices