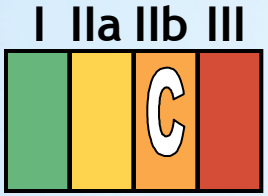
Procedural Considerations

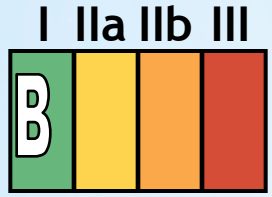
Percutaneous Hemodynamic Support Devices

*Percutaneous Hemodynamic Support Devices

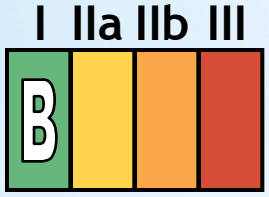


Elective insertion of an appropriate hemodynamic support device as an adjunct to PCI may be reasonable in carefully selected high-risk patients.

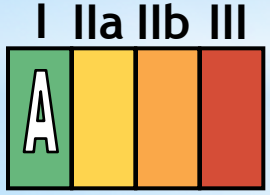
*Oral Antiplatelet Therapy



Patients already taking daily aspirin therapy should take 81 to 325 mg prior to PCI.

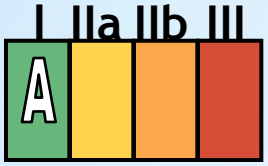


Patients not on aspirin therapy should be given nonenteric aspirin 325 mg prior to PCI.



After PCI, aspirin should be continued indefinitely.

Oral Antiplatelet Therapy (cont.)



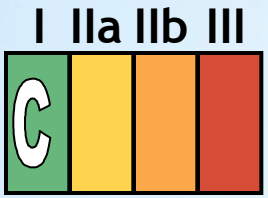
A loading dose of a $P2Y_{12}$ receptor inhibitor should be given to patients undergoing PCI with stenting. Options include:

a. Clopidogrel 600 mg (ACS and non-ACS patients).

b. Prasugrel 60 mg (ACS patients).

c. Ticagrelor 180 mg (ACS patients).

Oral Antiplatelet Therapy (cont.)



The loading dose of clopidogrel for patients undergoing PCI after fibrinolytic therapy should be 300 mg within 24 hours and 600 mg more than 24 hours after receiving fibrinolytic therapy.

Patients should be counseled on the need for and risks of DAPT before placement of intracoronary stents, especially a DES, and alternative therapies should be pursued if they are unwilling or unable to comply with the recommended duration of DAPT.

Oral Antiplatelet Therapy (cont.)

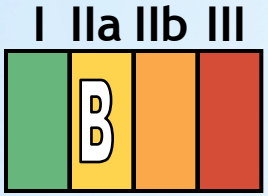
The duration of $P2Y_{12}$ inhibitor therapy after stent implantation should generally be as follows:

a) In patients receiving a stent (BMS or DES) during PCI for ACS, $P2Y_{12}$ inhibitor therapy should be given for at least 12 months. Options include: clopidogrel 75 mg daily, prasugrel 10 mg daily, and ticagrelor 90 mg twice daily.

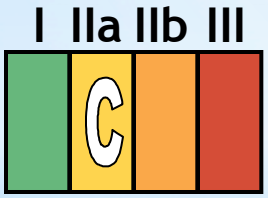
b) In patients receiving a DES for a non–ACS indication, clopidogrel 75 mg daily should be given for at least 12 months if patients are not at high risk of bleeding.

c) In patients receiving a BMS for a non-ACS indication, clopidogrel should be given for a minimum of 1 month and ideally up to 12 months (unless the patient is at increased risk of bleeding; then it should be given for a minimum of 2 weeks).

Oral Antiplatelet Therapy (cont.)

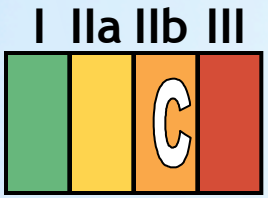


After PCI, it is reasonable to use 81 mg per day of aspirin in preference to higher maintenance doses.

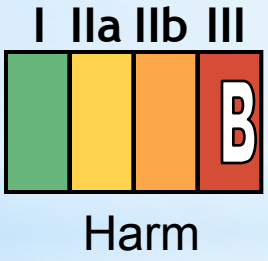


If the risk of morbidity from bleeding outweighs the anticipated benefit afforded by a recommended duration of $P2Y_{12}$ inhibitor therapy after stent implantation, earlier discontinuation (e.g., <12 months) of $P2Y_{12}$ inhibitor therapy is reasonable.

Oral Antiplatelet Therapy (cont.)



Continuation of DAPT beyond 12 months may be considered in patients undergoing DES implantation.

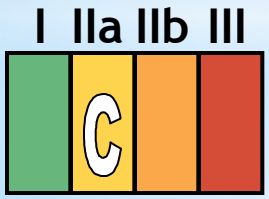


Prasugrel should not be administered in patients with a prior history of stroke or TIA.

Intravenous Antiplatelet Therapy: STEMI

In patients undergoing primary PCI treated with UFH, it is reasonable to administer a GP IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus dose tirofiban), whether or not pretreated with clopidogrel.

For GP IIb/IIIa inhibitor administration in patients not pretreated with clopidogrel.



For GP IIb/IIIa inhibitor administration in patients who are pretreated with clopidogrel.