



# Antiocoagulant Therapy: Bivalirudin and Argatroban



For patients undergoing PCI, bivalirudin is useful as an anticoagulant with or without prior treatment with UFH.



For patients with heparin-induced thrombocytopenia, it is recommended that bivalirudin or argatroban be used to replace UFH.



# Antiocoagulant Therapy: Fondaparinux

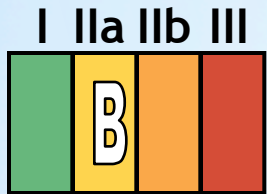


Harm

Fondaparinux **should not be used** as the sole anticoagulant to support PCI. An additional anticoagulant with anti-IIa activity should be administered because of the risk of catheter thrombosis.



# No-Reflow Pharmacologic Therapies



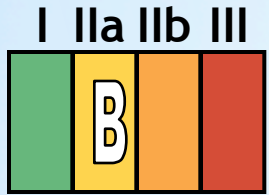
Administration of an intracoronary vasodilator (adenosine, calcium channel blocker, or nitroprusside) is reasonable to treat PCI-related no-reflow that occurs during primary or elective PCI.

# Procedural Considerations

## PCI in Specific Anatomic Situations



# Chronic Total Occlusions



PCI of a CTO in patients with appropriate clinical indications and suitable anatomy is reasonable when performed by operators with appropriate expertise.



# Saphenous Vein Grafts



EPDs should be used during SVG PCI when technically feasible.



Platelet GP IIb/IIIa inhibitors **are not beneficial** as adjunctive therapy during SVG PCI.

No Benefit



PCI **is not recommended** for chronic SVG occlusions.

Harm

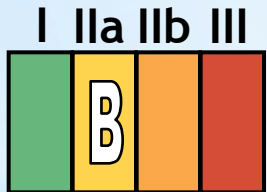




# Bifurcation Lesions



Provisional side-branch stenting should be the initial approach in patients with bifurcation lesions when the side branch is not large and has only mild or moderate focal disease at the ostium.

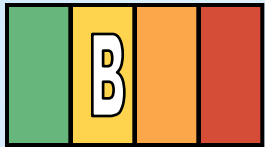


It is reasonable to use elective double stenting in patients with complex bifurcation morphology involving a large side branch where the risk of side-branch occlusion is high and the likelihood of successful side-branch reaccess is low.



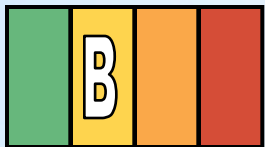
# Aorto-Ostial Stenosis

I IIa IIb III



IVUS is reasonable for the assessment of angiographically-indeterminant left main CAD.

I IIa IIb III



Use of DES is reasonable when PCI is indicated in patients with an aorto-ostial stenosis.





# Calcified Lesions

Rotational atherectomy is reasonable for fibrotic or heavily calcified lesions that might not be crossed by a balloon catheter or adequately dilated before stent implantation.

