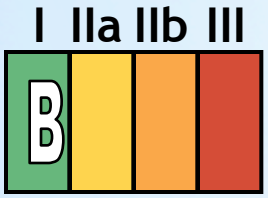
Procedural Considerations

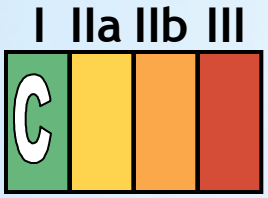
PCI in Specific Patient Populations

Chronic Kidney Disease



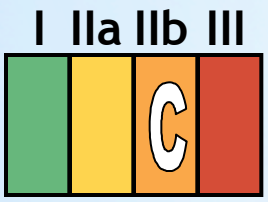
In patients undergoing PCI, the glomerular filtration rate should be estimated and the dosage of renally-cleared medications should be adjusted.

Periprocedural Myocardial Infarction Assessment



In patients who have signs or symptoms suggestive of MI during or after PCI, or in asymptomatic patients with significant *persistent* angiographic complications (e.g., large side-branch occlusion, flow limiting dissection, no-reflow phenomenon or coronary thrombosis), creatinine kinase-MB and troponin I or T should be measured.

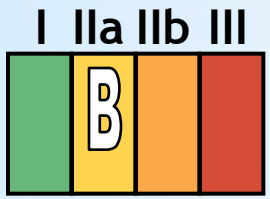
Periprocedural Myocardial Infarction Assessment (cont.)



Routine measurement of cardiac biomarkers (creatinine kinase-MB and/or troponin I or T) in all patients post-PCI may be reasonable.

* Vascular Closure Devices

Patients considered for vascular closure devices should undergo a femoral angiogram to ensure anatomic suitability for deployment.



The use of vascular closure devices is reasonable for the purposes of achieving faster hemostasis and earlier ambulation compared with the use of manual compression.

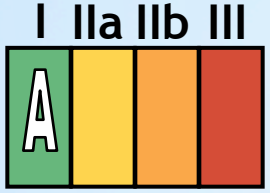
No Benefit

The routine use of vascular closure devices is not recommended for the purpose of decreasing vascular complications, including bleeding.

Postprocedural Considerations

Postprocedural Antiplatelet Therapy

* Postprocedural Antiplatelet Therapy



After PCI, aspirin should be continued indefinitely.

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

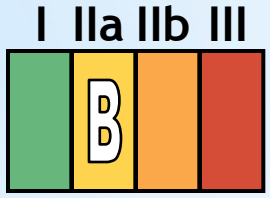
a) In patients receiving a stent (BMS or DES) during PCI for ACS, $P2Y_{12}$ inhibitor therapy should be given for at least 12 months (clopidogrel 75 mg daily); prasugrel 10 mg daily; and ticagrelor 90 mg twice daily.

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.

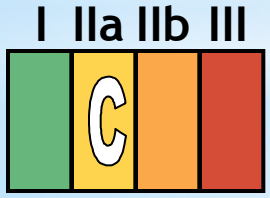
c) In patients receiving a BMS for a non-ACS indication, clopidogrel should be given for a minimum of 1 month and ideally up to 12 months (unless the patient is at increased risk of bleeding; then it should be given for a minimum of 2 weeks).

Postprocedural Antiplatelet Therapy (cont.)

Patients should be counseled on the importance of compliance with DAPT, and that therapy should not be discontinued before discussion with the relevant cardiologist.

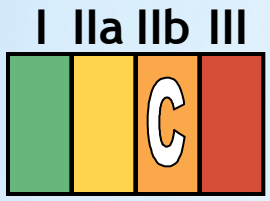


After PCI, it is reasonable to use 81 mg per day of aspirin in preference to higher maintenance doses.



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.

Postprocedural Antiplatelet Therapy (cont.)



Continuation of clopidogrel, prasugrel or ticagrelor beyond 12 months may be considered in patients undergoing DES placement.