Quality and Performance Considerations

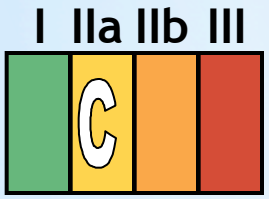
Quality and Performance

Postprocedural Considerations

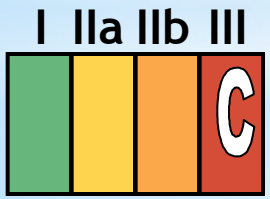
Proton Pump Inhibitors and Antiplatelet Therapy

PPIs and Antiplatelet Therapy

PPI should be used in patients with history of prior GI who require DAPT.



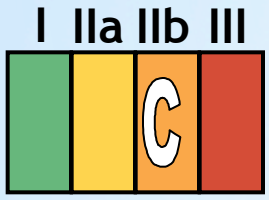
PPI use is reasonable in patients with increased risk of gastrointestinal bleeding (advanced age, concomitant use of warfarin, steroids, nonsteroidal anti-inflammatory drugs, H pylori infection, etc.) who require DAPT.



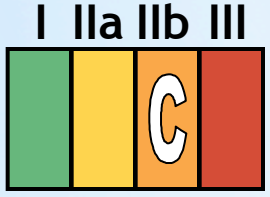
No Benefit

Routine use of a PPI is not recommended for patients at low risk of gastrointestinal bleeding, who have much less potential to benefit from prophylactic therapy.

* Clopidogrel Genetic Testing



Genetic testing might be considered to identify whether a patient at high risk for poor clinical outcomes is predisposed to inadequate platelet inhibition with clopidogrel.

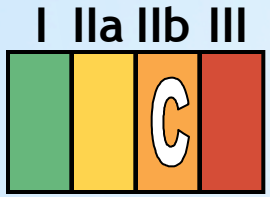


When a patient predisposed to inadequate platelet inhibition with clopidogrel is identified by genetic testing, treatment with an alternate $P2Y_{12}$ inhibitor (e.g., prasugrel or ticagrelor) might be considered.

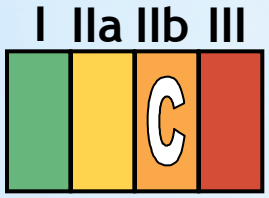
No Benefit

The routine clinical use of genetic testing to screen clopidogrel-treated patients undergoing PCI is not recommended.

* Platelet Function Testing



Platelet function testing may be considered in patients at high risk for poor clinical outcomes.



In clopidogrel-treated patients with high platelet reactivity, alternative agents, such as prasugrel or ticagrelor, might be considered.

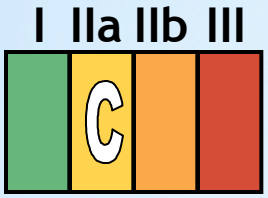
The routine clinical use of platelet function testing to screen clopidogrel-treated patients undergoing PCI is not recommended.

* Restenosis

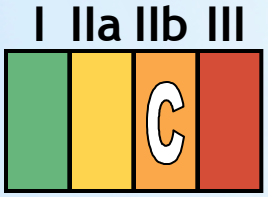
Patients who develop clinical restenosis after balloon angioplasty should be treated with BMS or DES if anatomic factors are appropriate and if the patient is able to comply with and tolerate DAPT.

Patients who develop clinical restenosis after BMS should be treated with DES if anatomic factors are appropriate and the patient is able to comply with and tolerate DAPT.

Restenosis (cont.)

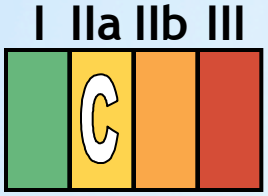


IVUS is reasonable to determine the mechanism of stent restenosis.

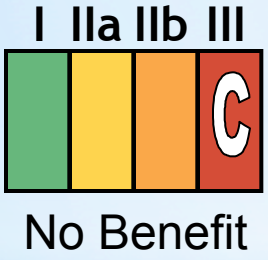


Patients who develop clinical restenosis after DES may be considered for repeat PCI with balloon angioplasty, BMS, or DES containing the same drug or an alternative antiproliferative drug if anatomic factors are appropriate and patient is able to comply with and tolerate DAPT.

Exercise Testing



In patients entering a formal cardiac rehabilitation program after PCI, treadmill exercise testing is reasonable.



Routine, periodic stress testing of asymptomatic patients after PCI without specific clinical indications should not be performed.

Cardiac Rehabilitation

Medically-supervised exercise programs (cardiac rehabilitation) should be recommended to patients after PCI, particularly for moderate- to high-risk patients for whom supervised exercise training is warranted.