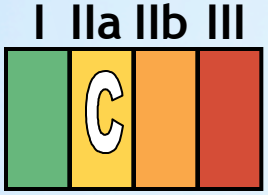
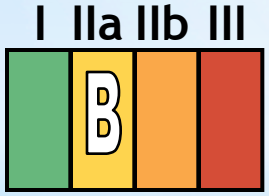
Revascularization to Improve Symptoms

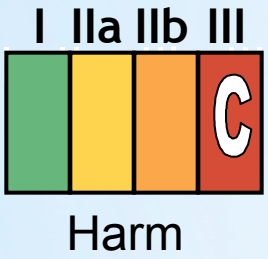


PCI to improve symptoms is reasonable in patients with previous CABG, 1 or more significant (≥70% diameter) coronary artery stenoses associated with ischemia, and unacceptable angina despite GDMT.



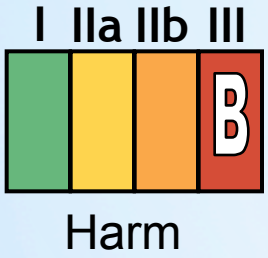
It is reasonable to choose CABG over PCI to improve symptoms in patients with complex 3-vessel CAD (e.g., SYNTAX score >22), with or without involvement of the proximal LAD artery who are good candidates for CABG.

Revascularization to Improve Symptoms



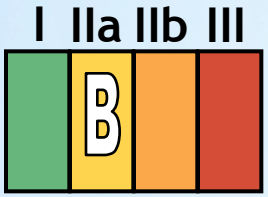
CABG or PCI to improve symptoms should not be performed in patients who do not meet anatomic (≥50% left main or ≥70% non-left main stenosis) or physiologic (e.g., abnormal fractional flow reserve) criteria for revascularization.

Dual Antiplatelet Therapy Compliance and Stent Thrombosis



PCI with coronary stenting (BMS or DES) should not be performed if the patient is not likely to be able to tolerate and comply with DAPT for the appropriate duration of treatment based on the type of stent implanted.

*Hybrid Coronary Revascularization



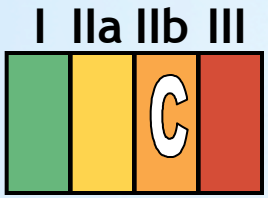
Hybrid coronary revascularization (defined as the planned combination of LIMA-to-LAD artery grafting and PCI of ≥1 non-LAD coronary arteries) is reasonable in patients with 1 or more of the following:

a. Limitations to traditional CABG, such as a heavily calcified proximal aorta or poor target vessels for CABG (but amenable to PCI);

b. Lack of suitable graft conduits;

c. Unfavorable LAD artery for PCI (i.e., excessive vessel tortuosity or chronic total occlusion).

*Hybrid Coronary Revascularization (cont.)



Hybrid coronary revascularization (defined as the planned combination of LIMA-to-LAD artery grafting and PCI of ≥1 non-LAD coronary arteries) may be reasonable as an alternative to multivessel PCI or CABG in an attempt to improve the overall risk-benefit ratio of the procedures.

Preprocedural Considerations

Contrast-Induced Acute Kidney Injury

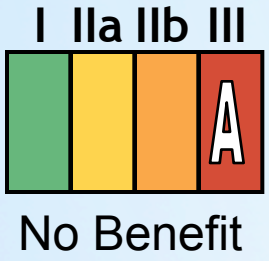
Contrast-Induced Acute Kidney Injury

Patients should be assessed for risk of contrast-induced AKI before PCI.

Patients undergoing cardiac catheterization with contrast media should receive adequate preparatory hydration.

In patients with CKD (Crcl <60 mL/min), the volume of contrast media should be minimized.

* Contrast-Induced Acute Kidney Injury (cont.)



Administration of N-acetyl-L-cysteine is not useful for the prevention of contrast-induced AKI.

Preprocedural Considerations

Statin Treatment