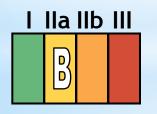
*Statin Treatment

Statin-naive patients:



Administration of a high-dose statin is reasonable before PCI to reduce the risk of periprocedural MI.

Patients on chronic statin therapy:

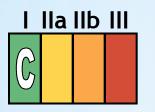


Administration of a high-dose statin is reasonable before PCI to reduce the risk of periprocedural MI.

Preprocedural Considerations

Bleeding Risk



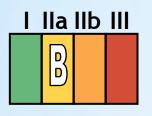


All patients should be evaluated for risk of bleeding before PCI.

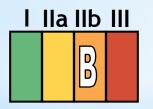
Preprocedural Considerations

PCI in Hospitals Without On-Site Surgical Backup

* PCI in Hospitals Without On-Site Surgical Backup

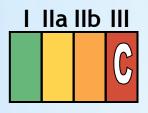


Primary PCI is reasonable in hospitals without on-site cardiac surgery, provided that appropriate planning for program development has been accomplished.



Elective PCI might be considered in hospitals without on-site cardiac surgery, provided that appropriate planning for program development has been accomplished and rigorous clinical and angiographic criteria are used for proper patient selection.

* PCI in Hospitals Without On-Site Surgical Backup (cont.)



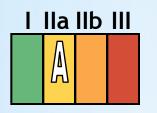
Harm

Primary or elective PCI should not be performed in hospitals without on-site cardiac surgery capabilities without a proven plan for rapid transport to a cardiac surgery operating room in a nearby hospital or without appropriate hemodynamic support capabilities for transfer.

Procedural Considerations

Vascular Access





The use of radial artery access can be useful to decrease access site complications.

Transfermoral Radial Diagram....

Procedural Considerations

PCI in Specific Clinical Situations