



Acute and Stable Ischemic Heart Disease

VARIATION IN PRACTICE AND CONCORDANCE WITH GUIDELINE CRITERIA FOR LENGTH OF STAY AFTER ELECTIVE PERCUTANEOUS CORONARY INTERVENTION

Poster Contributions
Poster Hall, Hall C
Friday, March 17, 2017, 3:45 p.m.-4:30 p.m.

Session Title: Coronary Angiography, Intra-Vascular Imaging, Revascularization and Outcomes
Abstract Category: 2. Acute and Stable Ischemic Heart Disease: Clinical
Presentation Number: 1166-328

Authors: *Thomas Mark Snow, Jehangir Din, Sunil Rao, Peter Klinke, Imad Nadra, Anthony Della Siega, Simon Robinson, Dorset Heart Centre, Royal Bournemouth Hospital, Bournemouth, United Kingdom*

Background: Length of stay following elective percutaneous coronary intervention (PCI) varies greatly despite published international guidelines.

Methods: A web-based survey was sent to interventional cardiologists in the US, Canada, the UK and elsewhere to determine current clinical practice and agreement with Society for Cardiovascular Angiography and Interventions (SCAI) guidelines.

Results: 505 responses were received, 47% (n=237) from the US, 17% practicing within Canada, 15% from the United Kingdom and 16% practicing elsewhere. 59% of respondents were unaware of guidelines relating to length of stay following elective PCI.

Only 24% of respondents discharged their patients the same day following elective PCI whilst 70% performed overnight observation. Same-day discharge was more commonly practiced by physicians from the UK (57%), 32% in Canada and only 14% in the US. Concordance with these guidelines was poor, as measured by Cohen's Kappa, when individual respondent data was plotted to compare practice in the US vs Non-US physicians (See Figure). Defined separately as patient, anatomical and procedural factors we demonstrate that divergence from these expert consensus derived guidelines was significant.

Conclusions: Length of stay following elective PCI varies considerably. Divergence from guidelines is profound and suggests an urgent need for both an update and the improved education of cardiologists on appropriate discharge timing following routine coronary procedures.

