



American College of Cardiology

Position Statement

Interventional Catheterization Procedures and Cardiothoracic Surgical Consultation

[The following is a position statement prepared by the Cardiovascular Surgery Committee: LAWRENCE H. COHN, MD, FACC, Chair, WALTER R. CHITWOOD, JR., MD, FACC, JOSEPH M. CRAVER, MD, FACC, WILLARD M. DAGGETT, MD, FACC, ROBERT H. JONES, MD, FACC, GERARD A. KAISER, MD, FACC, VICTOR PARSONNET, MD, FACC. This statement was approved by the Board of Trustees of the American College of Cardiology on October 20, 1991. Reprints are available from: Educational Products Sales and Marketing; 9111 Old Georgetown Road; Bethesda, MD 20814; 800/257-4740. This statement was printed in the Journal of the American College of Cardiology 1992;19:1363.]

Recently, cannulas have been developed and marketed by a number of companies for percutaneous insertion, allowing catheterization procedures to be performed during cardiopulmonary bypass. This practice has led to the performance of extracorporeal circulation by the cardiovascular nonsurgeon by insertion of cannulas percutaneously and connecting them to a portable pump oxygenator system for cardiopulmonary bypass support during balloon angioplasty on obstructed coronary arteries. Originally thought to be reserved for left main coronary artery stenosis, this procedure is now not being done for this purpose but for multivessel disease, often in critically ill patients. As indicated by The Society of Thoracic Surgeons and the American Association of Thoracic Surgery (1), it is a concern that extracorporeal circulation in support of catheterization procedures may be conducted without the participation and direct supervision of a physician who is both knowledgeable and experienced in the technique. There do exist a few cardiovascular nonsurgeons who, because of professional commitment and long experience, are so qualified but there are few such individuals. All Diplomates of the American Board of Thoracic Surgery are qualified by virtue of education, examination and requirements to be currently experienced in the supervision of extracorporeal circulation. It is therefore believed that, except under unusual circumstances, patient safety considerations require consultation with a thoracic surgeon whenever use of extracorporeal circulation is contemplated for elective catheterization procedures. Formal consultation may not be possible during emergency catheterization procedures or during unexpected

catastrophic events, but direct input by thoracic surgeons and perfusionists in training of laboratory personnel for all aspects of supported angioplasty, especially emergency applications, is encouraged. If extracorporeal circulation is deemed appropriate, the participation and supervision of a thoracic surgeon or an equally qualified physician is imperative.

Reference

1. The use of extracorporeal circulation (ECC) for circulatory support during PTCA. *Ann Thorac Surg* 1990;49:514; *J Thorac Cardiovasc Surg* 1990;99: 385-6.