Coronary Revascularization

KEY QUESTIONS FOR APPROPRIATE REVASCULARIZATION

1. **Can the procedure potentially improve the patient's expected long term mortality?**
   - Is high risk anatomy present?
   - What is the extent of ischemia?

2. **Can the procedure potentially improve the patient's quality of life?**
   - Is the patient already on guideline directed medical therapy?
   - What is the severity of angina?

3. **What are the patient's preferences and their impact on the procedure and outcomes?**
   - Lifestyle
   - Near term life events
   - Medication adherence

KEY DECISION VARIABLES FOR APPROPRIATE REVASCULARIZATION

- Acute or stable presentation
- Prior bypass
- Anti-ischemic medical therapy
- Symptom severity
- Noninvasive testing or FFR/IVUS findings
- Anatomy

TOP REASONS FOR WHICH REVASCULARIZATION IS RARELY APPROPRIATE

1. **Asymptomatic with 1 or 2 vessel disease**
   - No or minimal anti-ischemic mediations
   - Low or intermediate risk findings on noninvasive study

2. **Asymptomatic with 1 or 2 vessel disease**
   - Maximal anti-ischemic medications
   - Low risk findings on noninvasive study

3. **CCS Class I or II with 1 or 2 vessel disease**
   - No or minimal anti-ischemic mediations
   - Low risk findings on noninvasive study

4. **STEMI with presumed successful treatment of culprit artery**
   - Stable
   - Normal LVEF
   - Additional revascularization during index hospitalization

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