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Reducing the number of unnecessary coronary angiograms through analysis of referrals

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Introduction: Invasive coronary angiography has risks. We are concerned by evidence at our centre of high numbers of normal coronary angiograms.

Aim: Are referrals appropriate? And can we implement non-invasive pathways in low risk patients?

Method: Retrospective data was collected over eight months. Exclusion criteria: Pressure wire study showed more than moderate atheroma. Exclusion criteria for sub-group analysis: Preceding functional testing or incontrovertible indications (eg., cardiac arrest).

Results: 37% of coronary angiograms were normal (302) (67% outpatients; 33% inpatients). Outpatient: Indications included angina (83), atypical chest pain (51) and breathlessness (21). The number of risk factors was evenly spread between two to five. Only five patients with greater than five risk factors had normal coronary angiograms. Inpatient: Indications included NSTEMI (53) and unstable angina (27). 23 unstable angina patients had a GRACE score below 140 and 12 also had no regional wall motion abnormalities (RWMAs) and normal left ventricular systolic function on echo.

Discussion: Outpatient: NICE guidelines recommend the use of CT coronary angiogram as a first line in the investigation of low-medium patients. Inpatient: Unstable angina patients with low GRACE score and no RWMAs can be managed with functional testing as per ESC guidelines.

Conclusion: New pathways have been arranged locally. Outpatient investigation of chest Pain will follow CTCA >Non-Invasive Functional testing >Invasive Coronary Angiogram. Inpatient investigation of unstable angina will be with functional testing rather than invasive angiogram if troponin negative, GRACE score <140 and normal LV function and no RWMAs on echo. We will reaudit after pathway implementation and investigate the efficacy of functional testing at local centres.

Biography

Ramesh Nadarajah is a core Medical Trainee in Cardiology department at Queen Elizabeth Hospital Woolwich. He won AMU Leadership Award, Queen Elizabeth Hospital Woolwich Award and Duckworth Fund Award etc. His research interest includes Cardio-oncology and Coronary Angiography.

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