

Government of Telangana

Aarogyasri Health Care Trust

CIRCULAR

Circular No. AHCT/P&C Dept.,/2016, Date: 20/03/2017.

Sub: AHCT – P&C Dept., - Guidelines for indications and implementation of certain procedures in Cardiac and Cardiothoracic Surgery and adoption of 2D ECHO format under Aarogyasri Scheme – Intimation – Reg.

With reference to the subject cited, it is to inform that Trust has obtain inputs from the specialists on guidelines for indications and implementation of certain procedures in Cardiac and Cardiothoracic Surgery and adoption of 2D ECHO format under Aarogyasri Scheme.

The following are the guidelines recommended by the specialists:

Indications for PTCA in Ostial LAD Stenosis:

If the patient satisfies all of the following criteria:

>70% diameter stenosis

No revascularization requiring stenosis in proximal RCA and or Large OM(2mm) or Large Ramus(2mm).

Osteal LAD stenosis with other coronary vessel disease recommended for CABG.

Indications for PTCA in Ostial LCX Stenosis:

If the patient satisfies all of the following criteria:

>70% diameter stenosis

PTCA with stenting in Acute MI

With STEMI (ST elevated MI)

Acute MI and cardiogenic shock with LCX stenosis advised PTCA with stent under emergency.

Only osteal LCX Medical management is recommended.

Indications for PTCA in RCA Stenosis:

If the patient satisfies all of the following criteria:

>70% diameter stenosis

RCA + Osteal LAD: CABG should be done.

Dominant RCA stenosis should go for stenting

No revascularization requiring stenosis in Osteal LAD.

Indications for IABP placement:

- Cardiogenic shock (left ventricular failure or mechanical complications of an acute myocardial infarction)
- Intractable angina
- Low cardiac output after cardiopulmonary bypass
- Adjunctive therapy in high risk or complicated angioplasty

Cleared Indications by Categories

Acute Coronary Syndrome (ACS):

- Refractory unstable angina
- Impending infarction,
- Post-infarction angina or threatening extension of myocardial infarction (MI),

- Complications of acute MI,
- Support for diagnostic percutaneous
- Revascularization and interventional procedures
- Ischemic related intractable ventricular arrhythmias
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Cardiac and Non-cardiac Surgery:

- Preoperative use is suggested for high-risk patients such as those with unstable angina with stenosis greater than 70% of main coronary artery, in ventricular dysfunction with an ejection fraction less than 35%..
- Weaning from cardiopulmonary bypass (CPB)
- Cardiac support for non-cardiac surgery prophylactic support in preparation for cardiac surgery
- Post-surgical myocardial dysfunction/low cardiac output syndrome
- Mechanical bridge to other assist devices
- Cardiac support following correction of anatomical defects.

Current Contraindications for IABP Use:

- Severe aortic insufficiency
- Aortic aneurysm
- Aortic Dissection
- Severe peripheral vascular disease of the aortoiliac and femoral arteries
- Severe coagulopathy
- Sepsis

Hence, all the Network Hospitals are hereby informed to follow the above mentioned guidelines without any deviations and the format of ECHOCARDIOGRAPHY REPORT (enclosed) shall be followed by all the Network Hospitals without fail.

Chief Executive Officer

To

1. The MD/CEO/Medical Superintendent of all the Network Hospitals.
2. The GM (PMU), AHCT with a request to place in the AHCT Portal.
3. The GM (FOSS), AHCT with a request to communicate all the District Coordinators of Telangana State

Copy to:

1. All the HoDs of AHCT for favour of information.
2. The PS to CEO, AHCT for favour of information.

Right Ventricle:

Pulmonary Artery:

IAS:

IVS:

Pulmonary Veins:

Systemic Veins:

IVC Diameter:

Coronary Sinus:

Pericardium:

Intracardiac masses:

Color Flow Mapping:

MR:

AR:

TR:

PR:

Any shunt:

Pulmonary Flow:

Mitral Flow:

Aortic Flow:

Tricuspid Flow:

TR Jet Velocity:

Estimated RVSP:

Echocardiographic Diagnosis:

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02/01/17
DyBO (T)

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21/1/2017
EO (P.E.C)

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2/1
C.E.O