

# Aarogyasri Health Care Trust

AHCT/P&C/Guidelines/PTCA/2014, dt. 05.12.2014

## Guidelines for the use of Drug Eluting Coronary Artery Stents under the Scheme

It is to inform that, Trust has included following additional packages under Cardiac and Cardiothoracic category – S7 based on recommendations by specialists and reports under various studies suggesting, that the outcome of coronary interventional procedures like restenosis, cardiac death and heart attack can be reduced to a larger extent by using Drug-eluting stent compared to Bare metal stent during PTCA stent procedures

1. PTCA with Drug eluting stent – S7.1.1.3
2. Additional stent - Drug eluting stent – S7.1.1.4-

Recommended Drug Eluting Stent Indications and Guidelines:

I	1. Lesions 15 to 30 mm in length and 2.5 to 3.5 mm in diameter, with 50% to 99% obstruction pre procedure
	2. Lesions <15 mm in length and 2.5 to 3.5 mm in diameter
	3. Patient with restenosis after BMS
	4. Diabetes
	5. As an alternative to BMS to reduce the risk of restenosis in cases in which the risk of restenosis is increased and patient can comply with double antiplatelet therapy. (level of evidence A for elective PCI and STEMI, level of evidence C for UNSTEMI)
IIa	1. Ostial RCA, LAD, LCX, or protected left main lesions
	2. Parent vessel bifurcation lesion with PTCA of side branch
IIb	1. Recanalized CTO
	2. Lesions >30 mm in length and 2.5 to 3.5 mm in diameter
	3. In-stent restenosis—focal pattern
III	1. SVBG disease
	2. In-stent restenosis—diffuse pattern
	3. Unprotected left main lesions

\*RCA indicates right coronary artery; LAD, left anterior descending coronary artery; LCX, left circumflex coronary artery; PTCA, percutaneous trans luminal coronary angiography; CTO, chronic total occlusion; and SVBG, saphenous vein bypass graft.

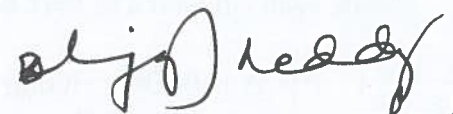
Patient requires double antiplatelet therapy for at least 12 months after Drug eluting stent usage. Early cessation of antiplatelet therapy is a significant cause of late in-stent thrombosis in patients receiving a Drug eluting stent. Reasons for premature discontinuation of

antiplatelet therapy include surgery, intolerance, complications and poor compliance. Patients should be carefully assessed prior to Drug eluting stent implantation for risk of thrombosis, including early cessation of therapy.

**Follow up package :**

Followup package for Drug eluting stent is as same as Coronary Balloon Angioplasty with code SF7.1.1.1 .

All the Network Hospitals are requested to follow the above guidelines.



Chief Executive Officer

5/12/14



**To,**

All the MDs/CMDs/CEOs of Network Hospitals

**Copy to :**

All the HoDs of Trust.

GM(PMU) with a request to upload in the website.

GM (FOSS) with a request to circulate among the field staff.

P.S. to CEO, AHCT.