

were diabetics, 48% hypertensive, 48% were smokers and 27% were obese. These were not different in G1. Of G2, 164 pts (57%) only had access to pPCI compared to 56% in G1 ($p = 0.536$ -NS). In G2, the main reasons for no pPCI was late presentation in 47% vs 53% in G1; $P = 0.34$ -NS and 27% due to thrombolysis vs 17% in G1 ($p = 0.11$ NS). Hospital mortality in G2 was 4% in those treated with pPCI compared to 2.3% in G1 ($P = 0.522$ -NS). Mortality In pts who did not receive pPCI in G2 was 8% compared to 11.3% in G1 ($p = 0.49$ -NS). Females in G2 has about 3 times higher mortality. Compared to 2010, pts treated for STEMI in the last 12 months at KACC still have same, relatively low access to pPCI due mainly to persistent pattern of late presentation and prior thrombolysis which reflect apparent lack of direct access to hospitals with pPCI facilities. This seemingly relates to both lack of public awareness and health provision factors in pPCI organizations. Hospital mortality rate for pts treated with pPCI remained low during the two era while pts who did not qualify for pPCI showed a trend towards improved survival.

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51. Same-day discharge after percutaneous coronary intervention

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Due to increasing burden of cardiovascular disease there is always problem of availability of beds in tertiary care hospitals. To manage this problem we need a strategy which shorten patients stay in the hospital. This study evaluate the safety of the same day discharge after uncomplicated PCI for patients with stable coronary artery disease who are admitted electively to day cath unit. This study sought to assess the safety of same-day discharge in patients undergoing percutaneous coronary intervention (PCI). We conducted a prospective observational study, reporting outcomes of patients discharged on the same day after elective uncomplicated PCI. Patients were admitted in day cath unit with a diagnosis of stable angina and patients for planned elective PCI. Demographic data, procedural characteristics, and adverse outcome were collected. A composite end point include: death, myocardial infarction (MI), stroke, major bleeding, target lesion revascularization and vascular complications. 77 patients were included in the study. All patients had uncomplicated PCI. Majority 90% of PCI was through radial approach. Post PCI patients were observed in day cath unit for an average time of 6 h and then were discharged. Patients were clearly instructed, in case of any adverse events to approach to ER and to consult the interventionist also the patients were follow up on phone call at 24 h and 72 h post procedure and then seen in OPD at one month. There was no death, myocardial infarction, TLR or TVR. There was no major or minor bleeding and there was no vascular complications. Same discharge after uncomplicated elective PCI in stable,

selected groups of patients with close follow up is safe and feasible, However further large RCTs are needed to confirm the safety and feasibility of the same discharge.

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MYOCARDIAL PROTECTION, INTRAOPERATIVE MANAGEMENT, AND POSTOPERATIVE CRITICAL CARE

52. Early revascularization on veno-arterial ECMO for patients with cardiogenic shock post stemi

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Refractory Cardiogenic shock (CS) complicates 5–7% of cases of ST-elevation myocardial infarction (STEMI), and is a leading cause of hospital death after myocardial infarction. CS complicating acute myocardial infarction continues to have a high mortality of 60–80% despite early revascularization and adjunctive therapies. We studied the effectiveness of veno-arterial (VA) – Extracorporeal Membrane Oxygenator (ECMO) for the patients with CS post STEMI during coronary angiography at our institute. Between January 2014 to April 2015, 8 male patients who suffered from progressive severe refractory CS post STEMI underwent emergent peripheral VA-ECMO implantation while performing cardiopulmonary resuscitation during coronary angiography. 7 patients of underwent PCI, while 1 patient was not amenable to PCI or CABG. The mean duration of support was 8.5 ± 5.8 days. 6 patients were successfully weaned from ECMO. While on ECMO support, 2 patients died. Mean EF after ECMO explantation was $32.5\% \pm 10.5\%$. The 30-day survival was 50%. Early revascularization on ECMO allows supporting hemodynamic efficiently in cardiogenic shock patients.

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PERCUTANEOUS NON-CORONARY CARDIAC INTERVENTION (INCLUDING PERCUTANEOUS VALVES)

53. Bilateral ductal stenting for nonconfluent pulmonary arteries in a newborn

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