RCI conducted in Turkey. We sought to assess patient conformability and safety that early discharged after RCI.

Methods: A total of 130 patients with stable coronary artery disease undergoing elective RCI were prospectively recruited and randomized to either routine care (65 patients for Group I), with an overnight hospital stay, or early discharge (65 patients for Group II) the sixth hour following successful RCI. All patients were evaluated at sixth hour, the day after RCI and the second day after discharge. The primary endpoints were death, myocardial infarction, coronary artery bypass graft surgery, repeat catheterization, early vascular and cardiac complications, radial puncture-related complications occurring within 48 hours after RCI.

Results: There were no difference in demographic characteristics between two Group I and II including sex (male n=51&52), age (62±11 & 63±11 years), diabetes (n=14&21), hypertension (n=39&41), hyperlipidemia (n=19&14), previous bypass (n=5&4), peripheral arterial disease (n=1&4), incidence of angina (n=47&49), ischemic ECG change (n=16&26), respectively (p>0.05 for all). Average total implanted stent length (19±8 & 20±7 mm), the number of implanted bare metal stent (24&32) and the number of stent implanted in two vessels (3&7) were similar in Group I and II. In Group I, atypical chest pain due to pericardial effusion in one case, atypical unexplained persisted chest pain in one case and severe persisted radial artery pain in one case were observed in the sixth hour evaluation, but none of the cases (0%) presented the primary endpoints at the end of 48 hours after RCI. In Group II, typical transient angina in two cases, puncture site radial artery hematoma in one case and transient dynamic ST-T change in three cases were observed in the 24th hour evaluation, but none of the cases (0%) presented the primary endpoints at the end of 48 hours after RCI. There was no difference in major safety primary between two groups.

Conclusion: Same-day the sixth hour discharge after elective RCI is feasible and safe in selected patients, and does not lead to additional complications compared with overnight stay. In stable patients, if early cardiovascular complications does not occur within six hour after RCI, this period may be accepted in safe to be extended to the 24th hour routine usual discharge time.

PP-387
Subintimal Angioplasty and Routine Stenting for Chronic Total Femoropopliteal Artery Occlusion

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Aim: This study was done to evaluate the initial and mid-term patency rates of chronic total femoropopliteal artery (FPA) occlusions treated by subintimal angioplasty and routine stenting.

Materials and methods: From March 2010 to February 2013, 74 patients were included to the study. Seventy two patients with total occlusion of the FPA and good distal runoff (two or three patent vessels) were treated with percutaneous subintimal angioplasty and routine stenting. All patients had severe claudication or critical limb ischaemia. In all cases, procedure was performed with a contralateral approach. Follow-up was done at 6 months with clinical evaluation and colour-doppler. If it had been necessary, peripheric angiography would been performed.

Results: Immediate technical success was achieved in 72 patients (97%). Two distal embolisations (3%), 2 groin hematoma (3,%), 1 femoral pseudoaneurysm (1,%) and 1 rupture of the junction-external iliac superficial femoral artery (1,%) occurred. All of the complications were treated successfully. Total occlusion in 1 patient and critical occlusion in 3 patients were showed at the sixth monts. Patency rates at the sixth months was 94% with a stent length of 13,4±8,2 cm.

Conclusion: Percutaneous subintimal angioplasty and routine stenting for chronic total of the FPA occlusion showed good initial and mid-term patency rates, with few periprocedural complications.