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BLEEDING COMPLICATIONS AND PROCEDURAL TIMING IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY AND PERIPHERAL VASCULAR INTERVENTIONS

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Coronary II

Abstract Category: 31. TCT@ACC-i2: Carotid and Endovascular Intervention

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Background: Patients undergoing percutaneous coronary intervention (PCI) often have disease that also merits peripheral vascular intervention (PVI). The association between procedural timing and complications in PCI and PVI has never been evaluated.

Methods: All patients undergoing PCI and PVI in the same hospitalization at Massachusetts General Hospital were identified from October 2001 through November 2013. Demographics, procedural characteristics and in-hospital outcomes were compared between patients undergoing combined and staged PCI and PVI.

Results: Among 251 patients undergoing PCI and PVI in the same hospitalization, 140 (56%) had staged procedures. Patients with non-elective indications ($p < 0.001$) or STEMI ($p < 0.01$) were more likely to have staged PVI after PCI. Staged procedures were associated with significantly higher rates of BARC bleeding (46% vs 20%, $p < 0.001$; Figure) and anemia requiring transfusion during hospitalization (47% vs 26%, $p < 0.001$). Median length of stay was longer for patients having staged procedures (17.2 ± 17.1 vs 6.64 ± 6.72 days, $p < 0.005$). There was no difference in contrast induced nephropathy between patients having staged and combined procedures (7.86% vs 9.91%, $p = 0.568$).

Conclusion: Staged PCI and PVI is associated with more bleeding and need for transfusion without an increase in contrast-induced nephropathy. Further investigation should determine the optimal timing of interventions in patients needing both PCI and PVI to minimize procedural risks.

