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# Newsletter Summer 2024: Coronary Revascularisation

- Revascularisation is an umbrella term covering both stenting and CABG. Revascularisation can be Emergency, semiurgent or elective.
- Patients with acute coronary syndromes require urgent hospitalisation with Emergency or semiurgent revascularisation. This approach reduces cardiac events.
- Patients with chronic obstructive coronary disease benefit from revascularisation in 2 situations
    - Angina that significantly interferes with a patient's lifestyle despite maximal tolerable medical therapy
    - High risk anatomy for which a reduction in cardiac events with revascularisation has been demonstrated
        - left main coronary disease
        - Triple-vessel disease i.e. obstructive stenoses in left anterior descending artery, circumflex artery and right coronary artery
        - Obstructive stenoses and left ventricular systolic dysfunction
- Patients with chronic obstructive coronary disease who do not fall into the above groups do not benefit from revascularisation
- Invasive coronary angiogram has small but significant risks
    - Death 0.11%
    - Myocardial infarction 0.05%
    - Stroke 0.07%
    - Arrhythmia 0.38%
    - Vascular access complication 0.43%
    - Haemodynamic complications 0.26%
    - Perforation of cardiac chamber 0.03%
    - Total of major complications (includes other not listed complications) 1.7%
- Coronary stenting has
    - 3 in 1000 risk of death
    - 5% risk of restenosis in the first year
    - 0.5% risk of restenosis every subsequent year
- CABG has
    - 1% risk of mortality for the lowest risk patients
    - 2-5% risk of mortality for all patients
    - 6.1% risk of adverse cerebral events
- All patients with obstructive coronary disease whether or not revascularised benefit from optimal medical therapy
    - Aspirin for all patients
    - Clopidogrel if aspirin contraindicated by allergy or GI bleed
    - Dual antiplatelet therapy post myocardial infarction or post stent
    - Low-dose rivaroxaban (2.5 mg 12 hourly) + aspirin in patients with chronic coronary disease
    - Colchicine 500 mcg daily
    - Statins, ezetimibe and PCK S9 inhibitors
    - Beta-blockers post acute myocardial infarction and/or left-ventricular systolic dysfunction
    - ACE inhibitor or ARB for hypertension or left ventricular systolic dysfunction or proteinuric kidney disease. It is uncertain whether or not ACE inhibitor or ARB benefit patients with chronic obstructive coronary disease who do not have the above indications