

PHILIPS

Ultra-low contrast PCI

Procedural excellence, with less contrast

Expert advice

- 1 Hydration:** For advanced CKD, follow the LVEDP guided fluid administration protocol from the POSEIDEN trial based on intra-procedural hemodynamics. Beware of aggressive hydration due to risk of volume overload.
- 2 Road mapping:** Utilize prior angiography (no-panning) and Dynamic Coronary Roadmap, when available, to guide your wiring and your PCI.
- 3 Co-registration:** Pin-point the pressure drop across lesions with iFR, then IVUS to optimally deploy and optimize without additional contrast.

Dr. Ziad Ali

Director of Cardio-nephrology
St. Francis Hospital
and Heart Center, NY



"Contrast reduction takes the entire cath lab team to put into practice. Set your contrast limit as a contrast volume/GFR ratio of less than 1. If you have to, dilute the contrast 50% with saline and use intravascular imaging and physiology to resolve ambiguity. Minimize the initial projections used for diagnostic angiography to RCA LAO-Cranial & LCA AP-cranial and AP-Caudal. For high-risk patients with advanced CKD, try to avoid ad-hoc multi-vessel PCI and stage interventions when contrast limits are met."

The cardio-renal and cath lab teams



Interventional cardiologist

Learn how to perform ULC PCI



Nephrologist

Understand ultra-low contrast PCI is a potential option for CKD patients



Cardiovascular team

Identify sub-specialists with an interest and make them aware of ULC PCI



The cath lab team

• • • Anesthesiologist

• • • Imaging specialists

• • • Lab technicians and nursing staff

• • • Clinical cardiologist

• • • Interventional cardiologists

• • • Cardiac surgeon

“The more you use co-registration the more you realize it’s going to be very beneficial to a wide variety of patients.

So, when you are faced with a high-risk ultra-low contrast case you have then got the skill set to do the case because this high-risk patient subset are not the cases you want to be learning the skills on. As with anything, practice, practice, practice. The more you do these cases with your team, the easier it becomes.”



Dr. Billal Patel
Head of Interventional Cardiology
Lancashire Cardiac Centre, Blackpool, UK

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