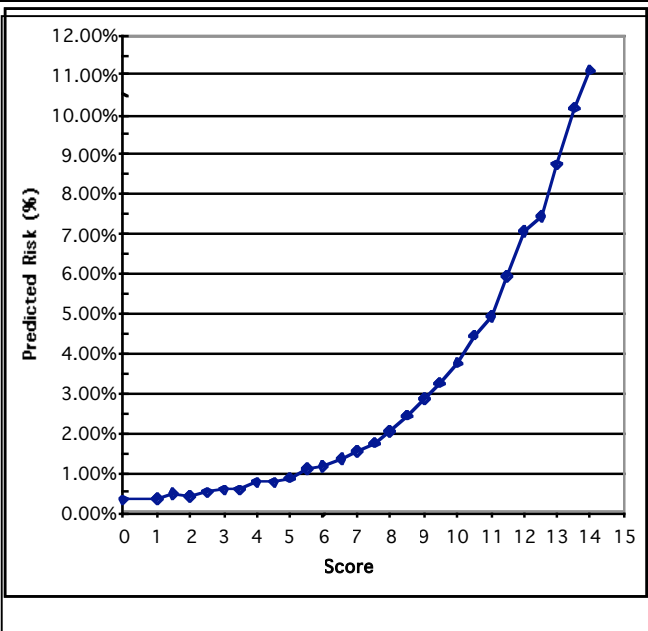


Risk of Vascular Complications in Patients Undergoing PCI

Directions: Locate the score for each relevant pre-operative variable (Definitions on the back); then sum these scores to get the total score. Use the figure below to determine the risk associated with the score.

Patient or Disease Characteristic	Score
Age 60-69	1.5
Age 70-79	2.5
Age ≥80	3.0
Female sex	2.0
BSA 1.6-1.8	1.5
BSA <1.6	2.0
CHF	1.5
COPD	1.5
Bleeding Disorder	1.5
PVD	1.5
Renal Failure or Creatinine>2	2.0
Urgent Priority	1.5
Emergent Priority	2.0
Treatment of MI	1.5
Cardiogenic Shock	2.0
PCI of 2 or more lesions	1.5
PCI of type B2 or C lesion	1.5
Pre-procedure Ticlid or Plavix	1.5
Pre- or during procedure: Gp-IIb/IIIa	2.0
Total Score	



Calculation of the probability of a vascular complication: A 75 year old female with a BSA 1.7, who is urgent, has an intervention on two B2 lesions and will receive a IIb/IIIa inhibitor during the procedure. Her total score = 2.5 (age 70-79) + 2.0 (female) + 1.5 (BSA 1.6-1.8) + 1.5 (urgent priority) + 1.5 (PCI of 2 or more lesions) + 1.5 (PCI of type B2/C lesion) + 2.0 (IIb/IIIa inhibitor) = 12.5. With a total score of 12.5, her predicted risk is approximately 7.5%

Definitions:

Vascular Complications - Pseudoaneurysm, thrombosis, AV fistula, hematoma or other related problems requiring a procedural intervention (e.g., thrombin injection, US-guided compression) or surgery; bleeding requiring transfusion except following a CABG.

BSA - Body surface area in square meters. Formula: $BSA = \text{square-root of } (\text{height} \times \text{weight} / 3600)$, using height in centimeters and weight in kilograms.

CHF - Congestive heart failure, either history of, or during this admission but prior to PCI.

COPD - Chronic obstructive pulmonary disease

Bleeding disorder - Hemophilia, thrombocytopenia, DIC

PVD - Prior CVA, prior TIA, carotid stenosis by history or carotid bruit; claudication, amputation, prior lower extremity bypass, absent pedal pulses, or lower extremity ulcers.

Renal Failure or creatinine > 2 - On peritoneal or hemodialysis, or last creatinine pre-procedure above 2.0.

Urgent Priority - Factors require that patient stay in hospital until PCI is performed. The risk of immediate morbidity and mortality is not present.

Emergent Priority - Factors dictate PCI be performed immediately to avoid unnecessary morbidity or death.

Treatment of MI - PCI performed as primary therapy for MI

Cardiogenic shock - PCI performed as therapy for cardiogenic shock.

PCI of 2 or more lesions - During this visit to cath lab.

PCI of Type B2 or C lesion - PCI of ACC type B2 lesion: (2 or more of the following characteristics: calcification; total occlusions <3 mo; ostial in location; bifurcation lesions requiring double guides; some thrombus present) or type C lesions: (diffuse (>2 cm length); excess proximal tortuosity; extreme angulation >90°; unable to protect major side branches; total occlusion >3 mo.; degenerative vein grafts with friable lesions).

Pre-procedure Ticlid or Plavix - Thienopyridine derivative drugs given prior to PCI.

Pre- or during procedure Gp-IIb/IIIa - Any of the Gp-IIb/IIIa receptor inhibitor drugs given prior to or during the PCI.