

#18
édition

PALAIS
DES CONGRES
BIARRITZ
8/9/10
JUN 2016

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16h30 / 17h20
Salle plénière



APPAC
ACTUALISATIONS
ET PERSPECTIVES
EN PATHOLOGIE
CARDIOVASCULAIRE

ANGIOPLASTIE CORONAIRE AMBULATOIRE

Actualités en cardiologie interventionnelle (I)

Modérateurs : B. KARSENTY (Pessac) - E. TEIGER (Créteil)

Alcoolisation septale

Accréditation en salle de cathétérisme cardiaque

Angioplastie coronaire ambulatoire

l'OCT en 2016

Le DAI sous autané

T. CUISSET (Marseille)

K. KHALIFE (Metz)

F. BRONNER (Strasbourg)

C. CAUSSIN (Le Plessis R)

J.M. DAVY (Montpellier)

Mercredi 8 Juin





Introduction

Ça fait des années qu'on fait tous de l'angioplastie coronaire
Même parfois de manière AMBULATOIRE
Sans pour autant toujours le vouloir,.....
Alors c'est quoi ce BAZAR,....!!!!



« SORTIE CONTRE – AVIS,...!!! »





Actualités en cardiologie interventionnelle : Angioplastie Coronaire Ambulatoire

Questions :

- S'agit-il vraiment d'un sujet d'actualité ? ... un peu d'histoire
- Quel en est l'état des lieux en France ? Données ATIH 2015
- Quels en sont les aspects économiques ? Séjours/Nomenclature

Expérience Alsacienne

NHC/CHU Strasbourg

Conclusion





Problématique

**« Appréciation pertinente de la durée de séjour UTILE
à la réalisation d'un geste d'angioplastie coronaire
chez un patient présentant une maladie coronaire stable »**

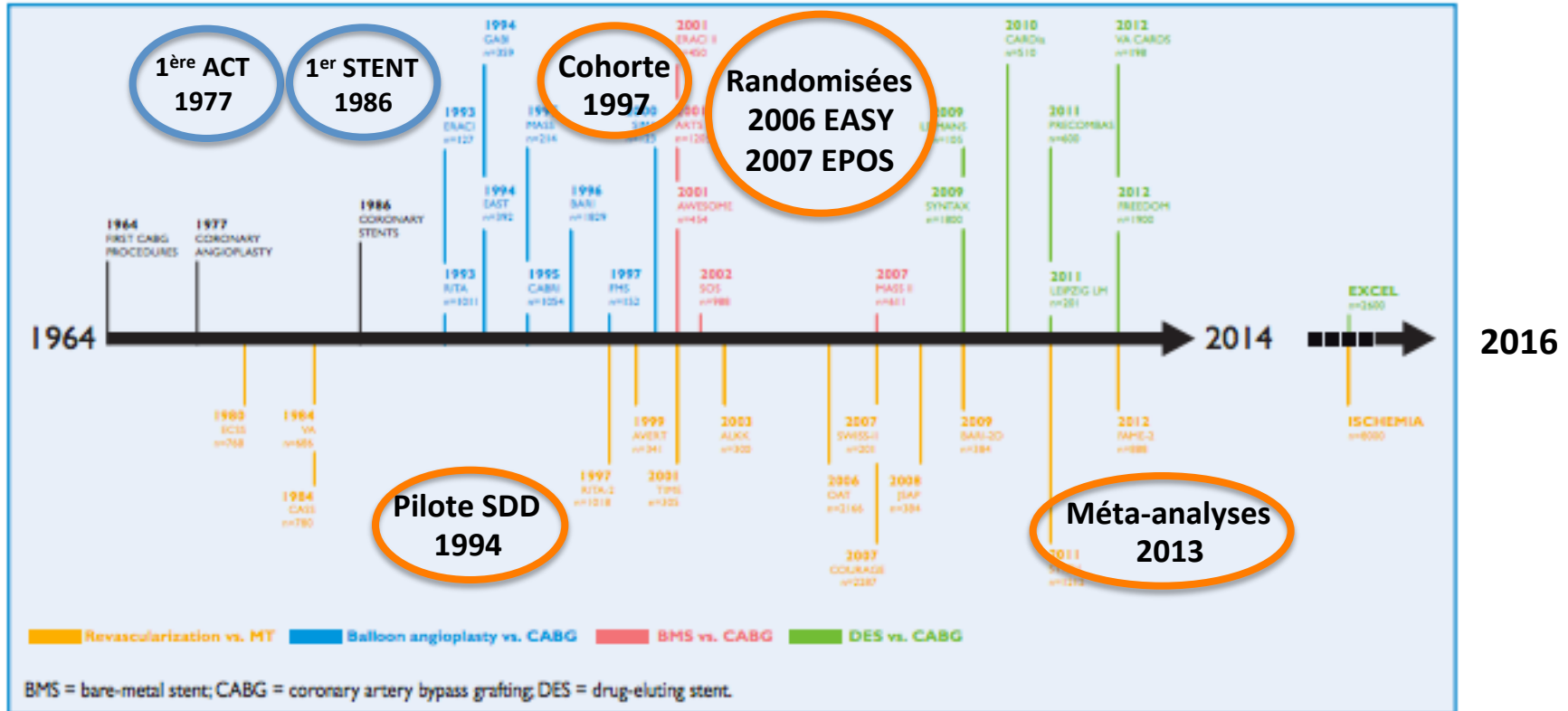
Cet aspect des choses a été profondément transformé depuis l'origine de la discipline, parallèlement aux différents progrès réalisés :

- Perfectionnement du MATERIEL, miniaturisation
- Optimisation du TRAITEMENT pharmacologique, DAPT
- Maitrise des voies d'ABORD VASCULAIRE, radiale et VCD
- Généralisation et développement des STENTS
- Développement des TECHNIQUES d'IMAGERIE,....





Résumé de la Littérature,....





RESUME de la Littérature,....

Etude Pilote « courageuse »,
à l'heure du Stand-by chirurgical systématique,
de la voie fémorale 8F et de l'angioplastie au BALLON SEUL

Abord **brachial**
Guiding 6F

Br Heart J 1994;72:12-15

A pilot study of coronary angioplasty in
outpatients

Gerrit J Laarman, Ferdinand Kiemeneij, L Ron van der Wieken, Jan G P Tijssen,
Jo S M Suwarganda, Ton Slagboom





RESUME de la Littérature,....

INTERVENTIONAL CARDIOLOGY

Outpatient Coronary Stent Implantation

FERDINAND KIEMENEIJ, MD, PhD, GERT JAN LAARMAN, MD, PhD, TON SLAGBOOM, MD,
RON VAN DER WIEKEN, MD

Amsterdam, The Netherlands

Objectives. This study was performed to explore the feasibility of coronary Palmaz-Schatz stent implantation on an outpatient basis.

Background. To optimize the applicability of coronary stenting by limiting bleeding complications and length of hospital stay, the transradial approach has been demonstrated to be an effective technique. Immediate ambulation opens the way to outpatient treatment.

Methods. Patients selected for Palmaz-Schatz stent implantation received anticoagulation with Coumadin. At an international normalized ratio >2.5 , stenting was performed through the radial approach. Starting in December 1994, patients were treated with Ticlopidin. Heparin was administered during the procedure. Suitability for same-day discharge was assessed on the basis of preprocedural, postprocedural and periprocedural criteria. Patients were mobilized after immediate sheath removal, followed by same-day discharge. Follow-up examinations were performed the next day, at 2 weeks and at 1 month after stenting.

Results. Of 188 patients who underwent Palmaz-Schatz coronary stent implantation through the radial artery between May 1994 and July 1995, 88 remained in the hospital for various reasons. In the 100 outpatients (Canadian Cardiovascular Society classes III and IV, $n = 90$ [90%]), 125 stents had been implanted to cover 110 lesions. No cardiac or bleeding events were encountered within 24 h (95% confidence interval 0 to 3.6) of stenting. At 2-week follow-up, one patient was readmitted (day 4) because of a bleeding abdominal aortic aneurysm requiring operation. Two patients were readmitted 2 weeks after discharge, one with subacute thrombosis and one with angina and anemia that was treated with blood transfusions. At 1-month follow-up, no complications were observed.

Conclusions. After an optimal transradial Palmaz-Schatz coronary stent result, patients can safely be discharged on the day of treatment.

(*J Am Coll Cardiol* 1997;29:323-7)

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RESUME de la Littérature,....

A Randomized Study Comparing Same-Day Home Discharge and Abciximab Bolus Only to Overnight Hospitalization and Abciximab Bolus and Infusion After Transradial Coronary Stent Implantation

Olivier F. Bertrand, MD, PhD; Robert De Larochelière, MD; Josep Rodés-Cabau, MD; Guy Proulx, MD; Onil Gleeton, MD; Can Manh Nguyen, MD; Jean-Pierre Déry, MD, MSc; Gérald Barbeau, MD; Bernard Noël, MD; Éric Larose, DVM, MD; Paul Poirier, MD, PhD; Louis Roy, MD;

for the Early Discharge After Transradial Stenting of Coronary Arteries (EASY) Study Investigators

Background—Systematic use of coronary stents and optimized platelet aggregation inhibition has greatly improved the short-term results of percutaneous coronary interventions. Transradial percutaneous coronary interventions have been associated with a low risk of bleeding complications. It is unknown whether moderate- and high-risk patients can be discharged safely the same day after uncomplicated transradial percutaneous coronary interventions.

Methods and Results—We randomized 1005 patients after a bolus of abciximab and uncomplicated transradial percutaneous coronary stent implantation either to same-day home discharge and no infusion of abciximab (group 1, n=504) or to overnight hospitalization and a standard 12-hour infusion of abciximab (group 2, n=501). The primary composite end point of the study was the 30-day incidence of any of the following events: death, myocardial infarction, urgent revascularization, major bleeding, repeat hospitalization, access site complications, and severe thrombocytopenia. The noninferiority of same-day home discharge and bolus of abciximab only compared with overnight hospitalization and abciximab bolus and infusion was evaluated. Two thirds of patients presented with unstable angina and ~20% presented with high-risk acute coronary syndrome prior to the procedure. The incidence of the primary end point was 20.4% in group 1 and 18.2% in group 2 ($P=0.017$ for noninferiority) with a troponin T–based definition of myocardial infarction; the incidence of the primary end point was 11.1% in group 1 and 9.6% in group 2 ($P=0.0004$ for noninferiority) with a creatinine kinase myocardial band–based definition of myocardial infarction. No death occurred. Rate of major bleeding in both groups was extremely low at 0.8% and 0.2%, respectively. From 504 patients randomized in group 1, 88% were discharged home the same day.

Conclusion—Our data suggest that same-day home discharge after uncomplicated transradial coronary stenting and bolus only of abciximab is not clinically inferior, in a wide spectrum of patients, to the standard overnight hospitalization and a bolus followed by a 12-hour infusion. This novel approach offers a safe strategy for same-day home discharge after uncomplicated coronary intervention. (*Circulation*. 2006;114:2636-2643.)





RESUME de la Littérature.....

Randomized Trial Comparing Same-Day Discharge With Overnight Hospital Stay After Percutaneous Coronary Intervention

Results of the Elective PCI in Outpatient Study (EPOS)

Gerlind S. Heyde, MD; Karel T. Koch, MD, PhD; Robbert J. de Winter, MD, PhD;
Marcel G.W. Dijkgraaf, PhD; Margriet I. Klees, RN; Lea M. Dijkman, MSc;
Jan J. Piek, MD, PhD; Jan G.P. Tijssen, PhD

Background—Percutaneous coronary intervention (PCI) in a day-case setting might reduce logistic constraints on hospital resources, but data on safety are limited. We evaluated the safety and feasibility of same-day discharge after PCI.

Methods and Results—Eight hundred consecutive patients scheduled for elective PCI by femoral approach were randomized to same-day discharge or overnight hospital stay. Four hours after PCI, patients were triaged as suitable for early discharge or not. Suitable patients were discharged immediately or kept overnight, according to randomization. Patients with an indication for extended hospital stay were not discharged regardless of randomization. Primary end points were death, myocardial infarction, coronary artery bypass graft surgery, repeat PCI, or puncture-related complications occurring within 24 hours after PCI. A total of 403 patients were assigned to same-day discharge, of whom 77 (19%) were identified for extended observation; 397 patients were assigned to overnight stay, of whom 85 (21%) were identified for extended observation. Among all patients, the composite primary end point occurred in 9 (2.2%) same-day discharge patients and in 17 (4.2%) overnight stay patients (risk difference, -0.020 ; 95% CI, -0.045 to -0.004 ; P for noninferiority <0.0001). Among patients deemed suitable for early discharge, the composite end point occurred in 1 of 326 (0.3%) same-day discharge patients and 2 of 312 (0.6%) overnight-stay patients (risk difference, -0.003 ; 95% CI, -0.014 to 0.007 ; P for noninferiority <0.0001). The last 3 events were related to puncture site.

Conclusions—Same-day discharge after elective PCI is feasible and safe in the majority (80%) of patients selected for day-case PCI. Same-day discharge does not lead to additional complications compared with overnight stay. (*Circulation*. 2007;115:2299-2306.)





RESUME de la Littérature,....

Journal of the American College of Cardiology
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Vol. 62, No. 4, 2013
ISSN 0735-1097/\$36.00
<http://dx.doi.org/10.1016/j.jacc.2013.03.051>

CLINICAL RESEARCH

Interventional Cardiology

Same-Day Discharge After Percutaneous Coronary Intervention

A Meta-Analysis

Kimberly M. Brayton, MD, JD,* Vishal G. Patel, MD,† Christopher Stave, MLS,*
James A. de Lemos, MD,† Dharam J. Kumbhani, MD, SM†

Stanford, California; and Dallas, Texas

- Objectives** This study sought to assess the safety of same-day discharge in patients undergoing percutaneous coronary intervention (PCI).
- Background** The safety of same-day discharge has previously been evaluated primarily in small, single-center studies.
- Methods** We conducted a meta-analysis of studies reporting outcomes of patients discharged on the same day as PCI. Demographic data, procedural characteristics, and adverse outcomes were collected. Two composite outcomes were pre-specified: 1) death, myocardial infarction (MI), or target lesion revascularization (TLR); and 2) major bleeding or vascular complications.
- Results** Data from 12,803 patients in 37 studies were collated, including 7 randomized controlled trials (RCTs) (n = 2,738) and 30 observational studies (n = 10,065). The majority of patients in both cohorts underwent PCI for stable angina. The vascular access site was predominantly transradial in the randomized cohort (60.8%) and transfemoral in the observational cohort (70.0%). In the RCTs, no difference was seen between same-day discharge and routine overnight observation with regard to death/MI/TLR (odds ratio [OR]: 0.90; 95% confidence interval [CI]: 0.43 to 1.87; p = 0.78) or for major bleeding/vascular complications (OR: 1.69; 95% CI: 0.84 to 3.40; p = 0.15). In observational studies, the primary outcome of death/MI/TLR occurred at a pooled rate of 1.00% (95% CI: 0.58% to 1.68%), and major bleeding/vascular complications occurred at a pooled rate of 0.68% (95% CI: 0.35% to 1.32%).
- Conclusions** In selected patients undergoing largely elective PCI, same-day discharge was associated with a low rate of major complications and appeared to be as safe as routine overnight observation. (J Am Coll Cardiol 2013;62:275–85)
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RESUME de la Littérature,....

JACC: CARDIOVASCULAR INTERVENTIONS
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ISSN 1936-8798/536.00
<http://dx.doi.org/10.1016/j.jcin.2012.10.008>

STATE-OF-THE-ART PAPER

Same-Day Discharge Compared With Overnight Hospitalization After Uncomplicated Percutaneous Coronary Intervention

A Systematic Review and Meta-Analysis

Eltigani Abdelazal, MD,* Sunil V. Rao, MD,† Ian C. Gilchrist, MD,‡ Ivo Bernat, MD,§ Adhir Shroff, MD, MPH,|| Ronald Caputo, MD,¶ Olivier Costerousse, PhD,* Samir B. Panchoy, MD,# Olivier F. Bertrand, MD, PhD*

Quebec City, Quebec, Canada; Durham, North Carolina; Hershey and Scranton, Pennsylvania; Pilsen, Czech Republic; Chicago, Illinois; and Syracuse, New York

Objectives This study sought to evaluate outcomes of same-day discharge (SDD) following percutaneous coronary intervention (PCI) versus overnight hospitalization (ON).

Background Although there are data on the safety and feasibility of SDD after PCI, ON continues to be prevalent.

Methods The Cochrane search strategy was used to search the PubMed database, EMBASE, and the Cochrane Library for relevant literature. Thirteen studies (5 randomized and 8 observational) of SDD after uncomplicated PCI versus ON met inclusion criteria. Data were pooled using a random effects model, and reported as odds ratios (OR) with their 95% confidence intervals (CI). The primary outcomes were incidence of total complications, major adverse cardiovascular events (MACE), and rehospitalization within 30 days after PCI.

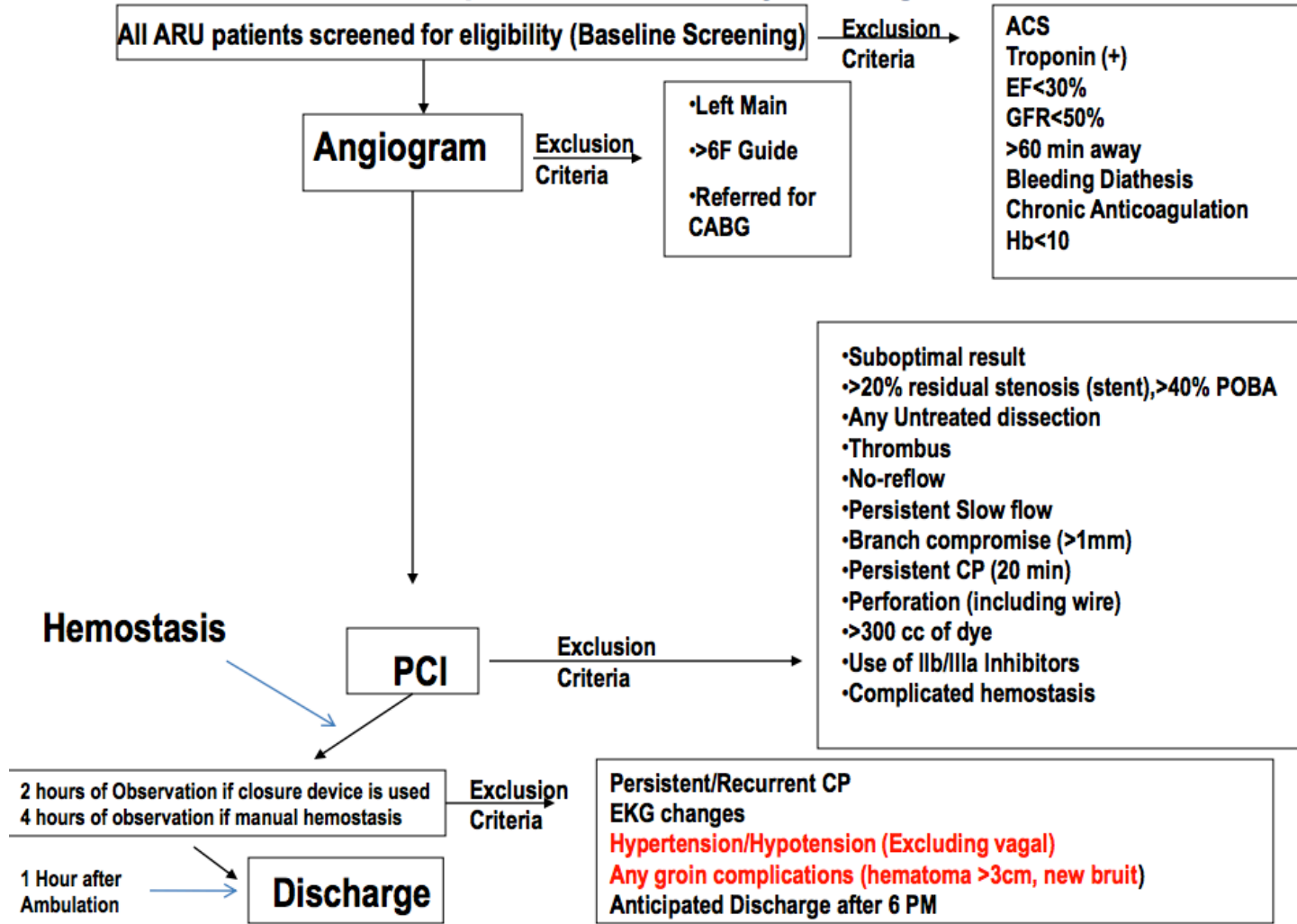
Results A total of 13 studies, involving 111,830 patients were pooled. There was significant variation in the definition of outcomes across studies. For total complications, the strategy of SDD compared with ON after PCI had an estimated OR of 1.20 (95% CI: 0.82 to 1.74) in randomized and 0.67 (95% CI: 0.27 to 1.66) in observational studies. Similar results were found for MACE (randomized, OR: 0.99, 95% CI: 0.45 to 2.18; observational, OR: 0.59, 95% CI: 0.06 to 5.57) and rehospitalizations (randomized, OR: 1.10, 95% CI: 0.70 to 1.74; observational, OR: 0.62, 95% CI: 0.10 to 3.98) at 30 days post PCI.

Conclusions There is considerable heterogeneity across published studies comparing SDD with ON. This, coupled with the low event rate and wide corresponding CIs, suggest that an adequately powered multicenter randomized trial comparing SDD with ON would require a very large sample size (>17,000). Until such a trial is completed, SDD after uncomplicated PCI seems a reasonable approach in selected patients. (J Am Coll Cardiol Intv 2013;6:99–112) © 2013 by the American College of Cardiology Foundation





Selection of patients for Same Day Discharge after PCI





Rationnel des 6 heures,....

Table 2 Post-PCI clinical events and onset intervals.

| | No. of events (% of interventions) | | | | Total |
|---------------------|------------------------------------|------------|----------|-----------|---------|
| | < 6 hours | 6–24 hours | 1–3 days | 3–30 days | |
| MACE | 1 | 0 | 0 | 1 | 2 (2.0) |
| Stroke | 1 | 0 | 0 | 1 | 2 (2.0) |
| Major bleeding | 0 | 0 | 0 | 0 | 0 |
| Principal criterion | 2 (2.0) | 0 | 0 | 2 (2.0) | 4 (3.9) |

MACE, major adverse cardiovascular event; PCI, percutaneous coronary intervention.

Arch Cardiovasc Dis. 2009 Nov;102(11):743-8. doi: 10.1016/j.acvd.2009.09.002. Epub 2009 Oct 28.

Same-day-discharge ad hoc percutaneous coronary intervention: initial single-centre experience.

Perret X¹, Bergerot C., Rioufol G., Bonvini RF., Ovize M., Finet G.





Etat des lieux en France (Données ATIH 2015)

L'officiel des tarifs de l'activité hospitalière – édition 2015

Cette application de l'ATIH présente les tarifs des prestations GHS des secteurs « public » et « privé » issus de l'arrêté tarifaire 2015. Elle permet d'obtenir l'évolution des tarifs d'une année sur l'autre et d'identifier les causes des variations tarifaires. La consultation s'effectue par le numéro de GHM, de GHS ou un mot du libellé associé.

Exemples d'informations disponibles :

- tarifs des forfaits GHS
- montants des extrêmes hauts (EXH) et des extrêmes bas (forfaits ou tarifs EXB)
- bornes basses et hautes
- évolution 2014/2015
- motifs des variations tarifaires
- statistiques du GHM par catégorie d'établissements...

Application disponible gratuitement en téléchargement sur l'[Apple store](#) et [Google play](#)

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DISPONIBLE SUR
App Store

DISPONIBLE SUR
Google play

Application mobile
de l'Agence technique
de l'information
sur l'hospitalisation





Etat des lieux en France

(Données ATIH 2015)

1. Coronarographies COURT SEJOUR **33 945/194 299**

(100 % J=0 donc toutes véritablement AMBULATOIRES) **17,5 %**

2. ANGIOPLASTIES COURT SEJOUR **26 036/192 157**

(15 % J=0 donc seules 15 % sont vraiment AMBULATOIRES) **13,5 %**

ANGIOPLASTIE AMBULATOIRE = 2 % du nombre d'angioplastie total





Aspect Economique et Financier

Séjours types et Nomenclature

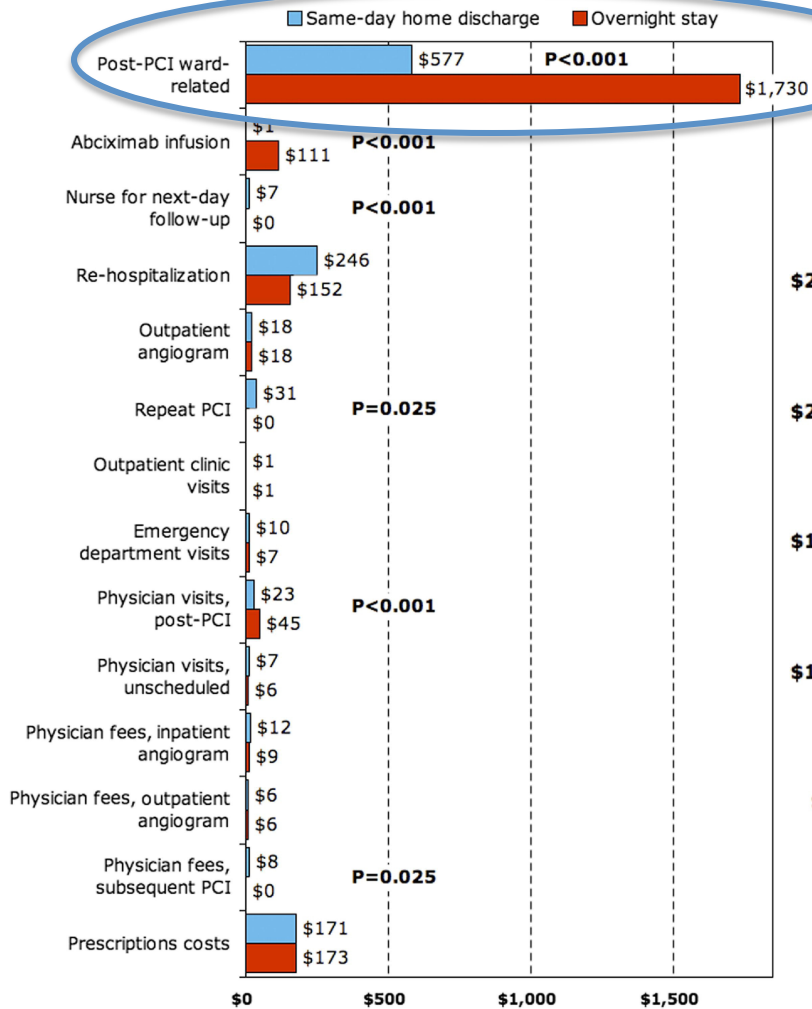
1. Coronarographies COURT SEJOUR

GHS 1706 / GHM 05K10J **1251,64/800,32 €**

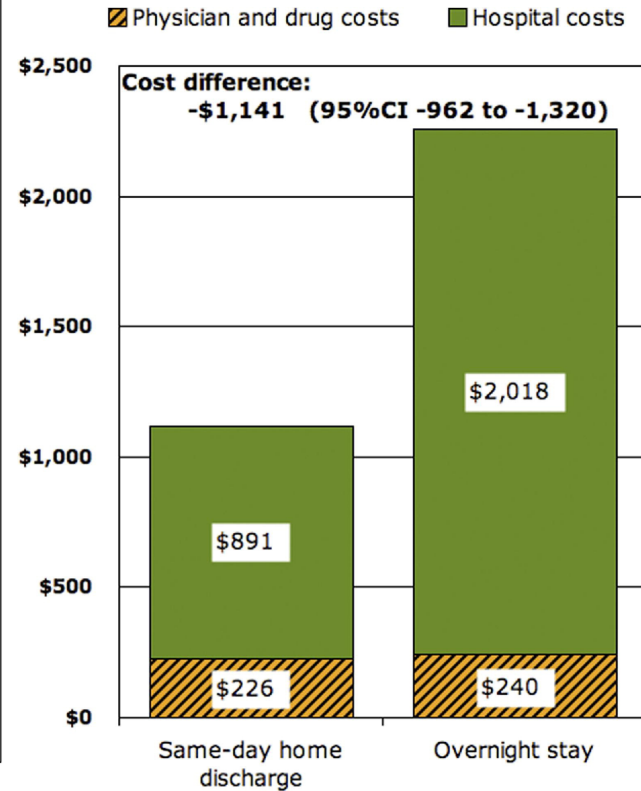
2. ANGIOPLASTIES COURT SEJOUR

GHS 1701 / GHM 05K06T **1757,56/1302,21 €**



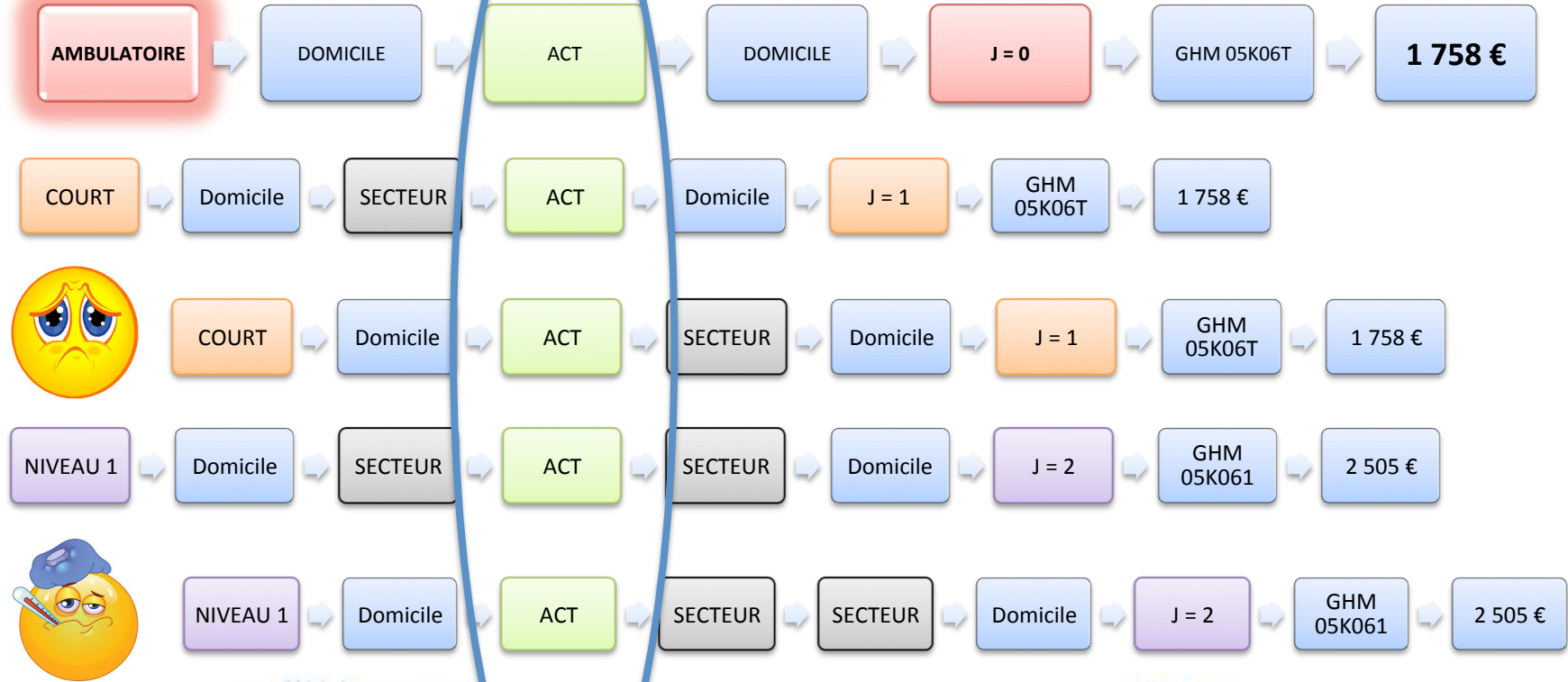


EASY





Séjours types et Nomenclature ANGIOPLASTIE

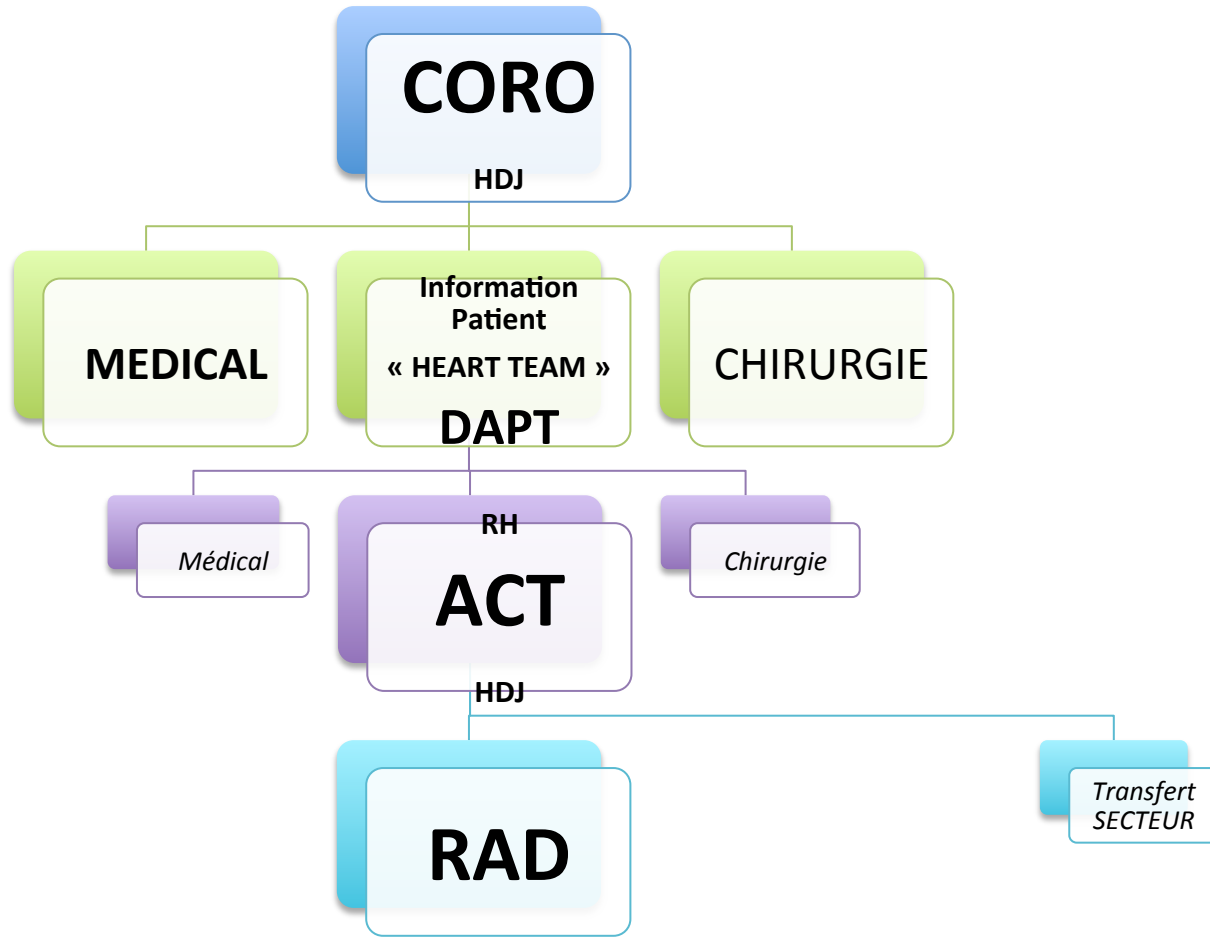




Séjours types et Nomenclature CORO+ANGIOPLASTIE



« INVITE aux Bonnes Pratiques Actuelles de cardiologie interventionnelle,....!!! »





Expérience Strasbourgeoise

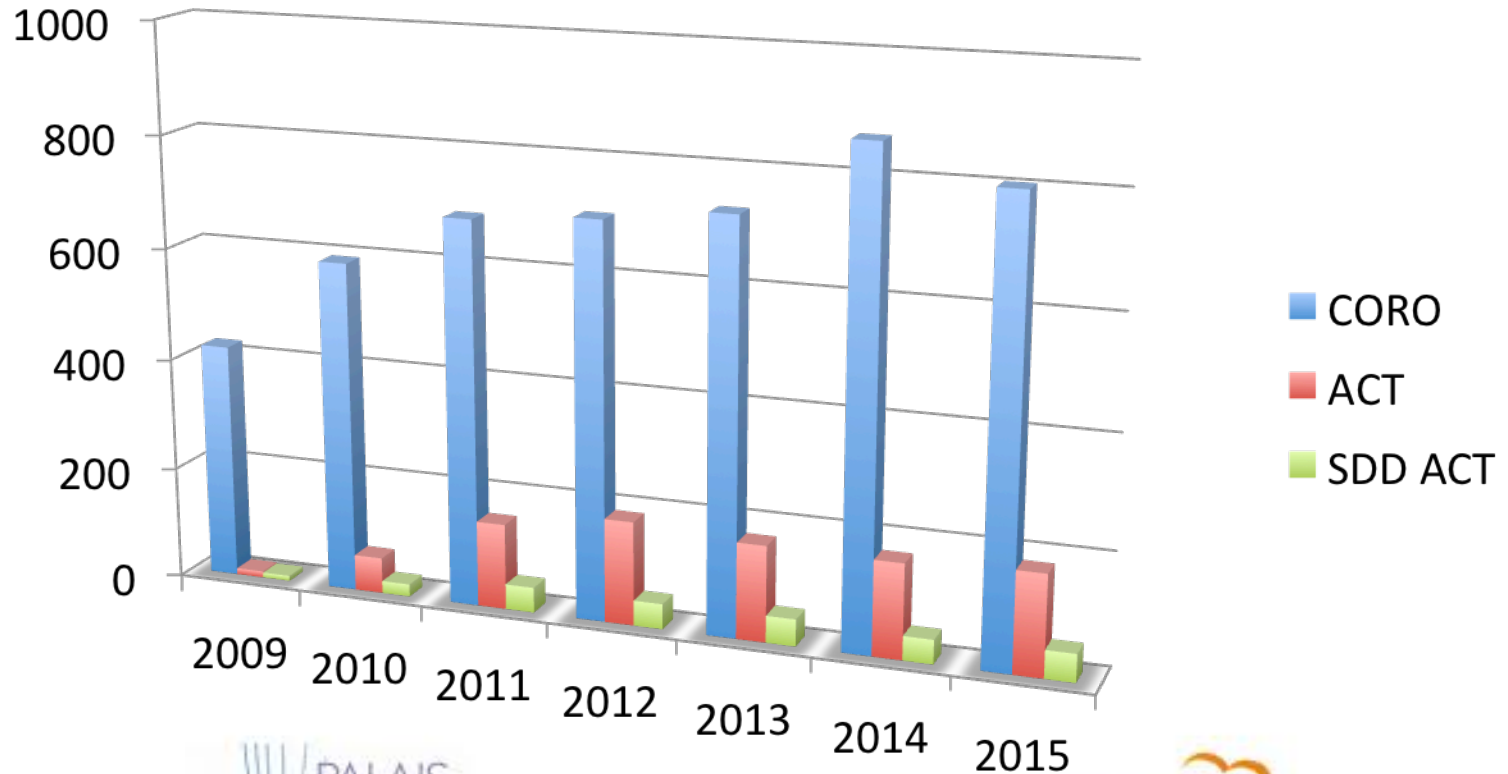
CHU – NHC - Strasbourg





Hôpital de jour de Cardiologie

Structure indépendante de 10 lits – 2000 Séjours / An



APPAC 2016 - Biarritz
Mercredi 8 Juin

Dr BRONNER François – NHC.Strasbourg



NHC – Strasbourg

Activité 2015

1. Coronarographies COURT SEJOUR

803/3 351

24 % Supérieur à la moyenne nationale (17,5 %)

(743 séjours J=0 donc 93 % véritablement AMBULATOIRES)

2. ANGIOPLASTIES COURT SEJOUR

180/1 288

14 % Identique à la moyenne nationale (13,5 %)

(**50 séjours** J=0 donc **28 % véritablement AMBULATOIRES**) **4 %**





Angioplastie Ambulatoire

TrajectoireType

- **1. Hospitalisation de jour pour coronarographie diagnostique**
- Information du patient, de sa famille et des correspondants
- *Retour à domicile*
- Contact téléphonique de chaque patient le lendemain du geste
- Consultation systématique du cardiologue de ville
- Préparation Pharmacologique DAPT
- Planification *matinale* de l'angioplastie
- Réservation d'un lit de Secteur *en prévision d'un éventuel transfert* (Epargne)
- **2. Réadmission pour Angioplastie Programmée**
- Information du patient, de sa famille et des correspondants
- *Retour à domicile*
- Contact téléphonique de chaque patient le lendemain du geste
- Suivi rapproché du cardiologue de ville
- Renforcement Adhésion au traitement DAPT +++





En pratique,.....

« L'angioplastie ambulatoire relève aujourd'hui surtout du **BON SENS**,...»

**Patients STABLES
A BAS RISQUE
SUITES opératoires immédiates SIMPLES**

NB : Dans les registres « la vraie vie », seuls 15% des patients remplissent stricto-sensu les Recommandations Nord-Américaines SCAI/ACI,.....

Nombreuses sont déjà les entorses faites aux protocoles concernant en entre autre l'AGE, la DISTANCE, la COMPLEXITE et la préparation DAPT...





Conclusion

L'angioplastie coronaire AMBULATOIRE est devenue INCONTOURNABLE :

- Réalisable en TOUTE sécurité, efficacité et simplicité,
- Chez un GRAND NOMBRE de patients coronariens STABLES,
- Satisfaisant aux Objectifs de RATIONNALISATION des soins,
- Programmée et donc parfaitement adaptée aux recommandations,
- Emportant « haut la main » la SATISFACTION de nos patients,
- Vitrine d'excellence pour tous nos correspondants.

L'angioplastie coronaire est une discipline parfaitement maîtrisée, alors profitons-en pour lui donner de nouvelles lettres de noblesse,..... AVANTI





Angioplastie Coronaire Ambulatoire

« UNE AFFAIRE DE COUILLE ??? »



« UNE AFFAIRE DE GROS BRAS !!! »

« L’AFFAIRE de TOUS,.....

Parce que nos patients le valent bien,....!!!!! »





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Angioplastie Coronaire Ambulatoire



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