

CMCHISTN

Minutes of EECP Meet

The textbook/Articles along with the mail response submitted by M/s Vasomeditech were studied and the following conclusions were made:

Documentary evidence for references in support of articles may kindly be provided.

A. Indication for EECP

For cases of Refractory Angina conforming to the following criteria:

1. Angioplasty is not an option.
2. CABG – High risk and poor graftable vessels.
3. Optimal Medical management for a minimum of 6 months has not helped.
4. Limiting Angina and poor quality of life.

Heart Failure is not an indication for EECP.

B. Preauth Requirements

1. Certification from Professor / Unit head of Cardiology that optimal medical management has been tried and reasons for not considering Angioplasty as an option.
2. Certification from Professor / Unit Head of Cardiothoracic Surgery that patient is a case of exorbitantly high risk for CABG or has poor graftable vessels with reasons in detailed. **CTVS opinion is mandatory .**
3. Consent of the patient – Counselling to be done by Professors of Cardiology & Cardiothoracic Surgery .
4. Details of optimal medical management for 6 months.
5. Conventional Coronary Angiogram done in **less than 6-12 months period prior to EECP** is mandatory for approval **unless the contraindication is substantiated and certified by the Heart team. CT Coronary Angiogram will be accepted for patients who have already undergone interventions in the recent past. Refusal of patient for CAG cannot be the ground for EECP.**
6. Routine Insurance requirements such as Preauth Form, Clinical Photo.
7. If any patient refuses PTCA/ CABG and opts for EECP, counselling on Pros and Cons of intervention to be done by Professor / Unit Head of Cardiology and Cardiothoracic Surgery **and documented in the regional language of the patient.**

C. Regulatory & Infrastructure Requirements

1. EECP facilities may be installed only in hospitals with :
 - a. Coronary Angiogram / Angioplasty Facility.
 - b. Cardiothoracic Department
2. 24 hour ICU manned by a Cardiologist- **since EECP procedure can also cause cardiac complications, a Cardiologist's backup for managing acute complications is mandatory.**

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The presence of a qualified Doctor trained in ACLS Protocol to manage the emergencies is a must.

3. EECF must be supervised by a qualified Doctor with a minimum qualification of M.B.B.S, recognised by Medical Council of India who is certified in ACLS protocol by a Medical educational institution.
4. While Department of Cardiology of Government Medical Colleges may help in treating emergency complications arising out of EECF, all responsibility including legal responsibility will rest upon the provider of EECF.

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Format for Heart Team's Recommendations for EECP

1. Initial Opinion by the Cardiologist :

- a. Investigations perused :
- b. Whether patient is fit for intervention : Yes / No
- c. If No, reasons in detailed :

The Patient is unable to undergo revascularization due to -----

----- and has undergone maximal optimal medical therapy (Betablocker, ACEIs, Aspirin, Clopidogrel (Ticagrelor/Prasugrel),Nitrates, Nikorandil, Ranolazine) and has refractory angina.

Name, Reg.No., Seal & Sign

Cardiologist

Date:

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2. Opinion by the Cardiothoracic Surgeon:

- Investigations perused:
- Whether patient is fit for surgical intervention: Yes / No
- If No, reasons in detailed:

Name, Reg.No., Seal & Sign

Cardiothoracic Surgeon

Date:

Final Opinion by the Cardiologist, after perusing the Cardiothoracic Surgeon's opinion:

Recommended / Not recommended for EECP [Tick whichever is applicable]

Treating Cardiologist's Seal & Sign

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Approved

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(Dr. K. Kannan)
Myocardial infarction
Acute myocardial infarction
Chennai-1

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