

HOW TO APPROVE EECP and HOW TO AVOID MISUSE

A. FOR REFRACTORY ANGINA

1. Patient should have CCS or NYHA Class 3 or 4 Angina at the time of application AND
2. Patient should have documented ischemia by a positive TMT or Stress Myocardial Perfusion imaging AND
3. Patient should have undergone Coronary Angiography showing significant coronary artery disease (>70%) in two or more territories or >50% in Left Main artery AND
4. A certification from the treating cardiologist that patient is on the maximally tolerated doses of anti angina therapy and patient is not a candidate for PCI due to reasons explained and that the patient is having Refractory Angina AND
5. A certificate from a Cardiac Surgeon that the patient cannot undergo CABG due to reasons explained. AND
6. Certificate from treating doctor that the patient has no Contraindications for EECP as listed in the manufacturers brochure

B. FOR HEART FAILURE

Currently there is NO available guideline to approve the use of EECP in the treatment of any form or stage of Heart Failure. Therefore the EECP Should not be approved for Heart Failure patients.

GUIDELINES

ESC 2013 Guidelines for management of Stable ischemic Heart Disease

Table 35 Treatment options in refractory angina

Recommendations	Class ^a	Level ^b	Ref. ^c
EECP should be considered for symptom relief in patients with invalidating angina refractory to optimal medical and revascularization strategies.	IIa	B	509, 510

AHA 2014 Focussed update on management of coronary artery disease

Table 3. Recommendation for EECP

2012 Recommendation	2014 Focused Update Recommendation
Class IIb	Class IIb
1. EECP may be considered for relief of refractory angina in patients with SIHD. ⁴⁷ (Level of Evidence: B)	1. EECP may be considered for relief of refractory angina in patients with SIHD. ⁴⁷ (Level of Evidence: B)