Conversations in Cardiology

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Conversations in Cardiology: Same-Day Discharge for Elective PCI — Ready for Prime Time

Morton J. Kern, MD, with commentary from Drs. Malcolm Bell, Rochester, Minnesota; Jim Blankenship, Harrisburg, Pennsylvania; Sam Butman, Cottonwood, Arizona; David J. Cohen, Kansas City, Missouri; Lloyd Klein, Chicago, Illinois, and Sonoma, California; Bernie Meier, Berne, Switzerland; Duane Pinto, Boston, Massachusetts; Jeffrey Popma, Boston, Massachusetts; Gurpreet Sandhu, Rochester, Minnesota; Habib Samady, Atlanta, Georgia; Sunil Rao, Raleigh, North Carolina; Arnold Seto, Long Beach, California; Pinak Shah, Boston, Massachusetts; Adhir Shroff, Chicago, Illinois; Molly Szerlip, Plano, Texas; James Tcheng, Raleigh, North Carolina; Paul Teirstein, La Jolla, California.

tctmd

Conversations in Cardiology: In the United States, Should TAVR Be Offered to a Low-Risk Patient?

He came back to us and said that he would pay cash for his TAVR.

What have others done in this situation? Take the man's money and do the procedure? Not do the procedure because of fear of possible Centers for Medicare & Medicaid (CMS) audit in future? Document two-surgeon consultation and patient refusal, and petition insurance company to pay for off-label use? I am very interested in the group's opinions.

Cath Lab Digest

CLINICAL EDITOR'S CORNER

Whatever Happened to the Routine Use of Protamine?

Dr. Morton J. Kern, with contributions from Drs. Steven R. Bailey, Shreveport, Louisiana; Sam Butman, Cottonwood, Arizona; Mauricio G. Cohen, Miami, Florida; Kirk N. Garrett, Newark, Delaware; Steven L. Goldberg, Monterey, California; Farouc Jaffer, Boston, Massachusetts; Nils Johnson, Houston, Texas; Dean J. Kereiakes, Cincinnati, Ohio; Neal Kleiman, Houston, Texas; Jeff Marshall, Atlanta, GA; Jeffrey W. Moses, New York, New York; Kreton Mavromatis, Atlanta, Georgia; Pranav M. Patel, Irvine, California; Stephen R. Ramee, New Orleans, Louisiana; Chet Rihal, Rochester, Minnesota; Gurpreet S. Sandhu, Rochester, Minnesota: Bonnie H. Weiner, Worcester, Massachusetts

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Heparin Potency: What is the Right Heparin Dose for PCI in 2021?

Morton J. Kern, MD, with contributions from Steven R. Bailey, MD, Shreveport, Louisiana; Malcolm R. Bell, MD, Rochester, Minnesota; James C. Blankenship, MD, Albuquerque, New Mexico; Sam Butman, MD, Cottonwood, Arizona; David J. Cohen, MD, MSc, Kansas City, Missouri; Mauricio G. Cohen, MD, Miami, Florida; Timothy D. Henry, MD, Cincinnati, Ohio; Nils P. Johnson, MD, MS, Houston, Texas; Lloyd Klein, MD, Sonoma, California; Mitchell W. Krucoff, MD, Raleigh, North Carolina; Kreton Mavromatis, MD, Atlanta, Georgia; Sunil V. Rao, MD, Raleigh, North Carolina; Barry F. Uretsky, MD, Little Rock, Arkansas.

Our perception is that there is an increasing need for heparin dosing, which raises 2 questions: (1) is the heparin we use in 2020 the same potency as it was in 2019? and (2) what should be the right dose of heparin for percutaneous coronary intervention (PCI)?

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EDITORIAL

WILEY

Is FFR dead? A conversation in cardiology

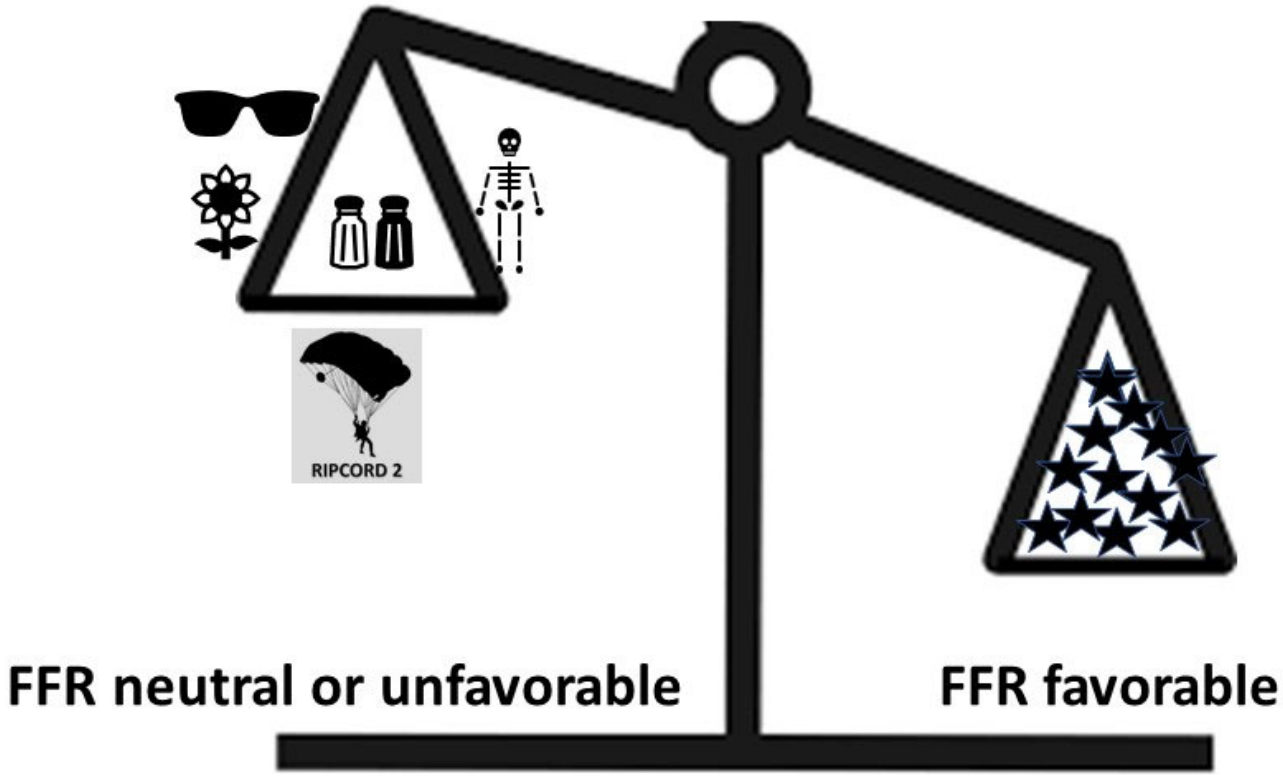
1 | IS FFR DEAD?

After more than 20 years of studies showing the benefit of fractional flow reserve (FFR) for lesion assessment and directing decisions for percutaneous coronary intervention (PCI) or medical therapy in stable ischemic heart disease, the last few years have produced several negative studies on physiologically directed interventions. Recently the FLAVOR study[1] found no clinical outcome difference between FFR-guided PCI compared to IVUS guided PCI. Before accepting the results of any study, particularly those that might be practice changing, interventionalists should delve into the results more closely to see why these are contrarians in the face of many positive studies. After the results of FLAVOR were released, one cath lab director told his industry rep, I don't need a pressure wire, FFR is dead. As anyone perhaps some non-culprit FFR values potentially inaccurate. Thus, the strength of accepting the results of any study depends on protocol designs, appropriate endpoints, and physiology tested in a stable and reproducible setting. Nonetheless we encourage FFR/NHPR studies in unique settings to challenge conventional wisdom.

1.1 | Is IVUS-guided PCI better than FFR-guided PCI? The FLAVOR study

Dr. David Cox from North Carolina asked me and a large group of interventional cardiologists, [Recently, the FLAVOR study[1] reported that IVUS-guided PCI has the same outcome as FFR-guided PCI.] For years, many argued from both the podium and privately that "FFR

FFR PCI Outcome Trials



Cath Lab Digest

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- Structural interventions in Hospitals w/o SOS
- For Physicians, How Old Is Too Old?
- Who Should Prep TAVR Valves?
- Do You Use Antibiotics for vascular closure devices?
- Do you like to have music in the Cath Lab?