

Protocol for ACUTE SURGICAL REPERFUSION

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Definition:

- Class I

Emergency or urgent CABG in patients with STEMI should be undertaken in the following circumstances:

- 1-Failed PCI with persistent pain or hemodynamic instability in patients with coronary anatomy suitable for surgery.
- 2-Persistent or recurrent ischemia refractory to medical therapy in patients who have coronary anatomy suitable for surgery, have a significant area of myocardium at risk, and are not candidates for PCI or fibrinolytic therapy.

- **3-At the time of surgical repair of post-infarction ventricular septal rupture (VSR) or mitral valve insufficiency**
- **4-Cardiogenic shock in patients less than 75 years old with ST elevation, LBBB, or posterior MI who develop shock within 36 hours of STEMI, have severe multi-vessel or left main disease, and are suitable for revascularization that can be performed within 18 hours of shock, unless further support is futile because of the patients' wishes or contraindications/unsuitability for further invasive care**
- **5-Life-threatening ventricular arrhythmia in the presence of greater than or equal to 50% left main stenosis and/or triple-vessel disease.**

- Class IIa

1-Emergency CABG can be useful as the primary reperfusion strategy in patients who have suitable anatomy, who are not candidates for fibrinolysis or PCI, and who are in the early hours (6 to 12 hours) of an evolving STEMI, especially if severe multivessel or left main disease is present.

2-Emergency CABG can be effective in selected patients 75 years or older with ST elevation, LBBB, or posterior MI who develop shock within 36 hours of STEMI, have severe triple-vessel or left main disease, and are suitable for revascularization that can be performed within 18 hours of shock. Patients with good prior functional status who are suitable for revascularization and agree to invasive care may be selected for such an invasive strategy.

- Class III

- 1-Emergency CABG should not be performed in patients with persistent angina and a small area of risk if they are hemodynamically stable
- 2-Emergency CABG should not be performed in patients with successful epicardial reperfusion but unsuccessful microvascular reperfusion