The European Society of Cardiology (ESC) has issued guidelines for percutaneous coronary interventions (PCI). What is the background of these guidelines and which consequences will they have from a practical standpoint? Gabriela Eriksen spoke to Sigmund Silber, M.D., Professor for Cardiology at the Ludwig-Maximilian University in Munich and Board Member and Treasurer of the ESC.

Hospital Post: Prof. Silber, what is new in the ESC PCI guidelines?

S. Silber: The ESC has, for the first time, developed guidelines for PCI. New, in particular, is the outstanding critical evaluation of the flood of randomized studies.

In comparison with the German guidelines, what are the fundamental differences, for instance, for acute coronary syndromes?

S. Silber: One difference is in the preparation process of the document. Unlike Germany, the ESC has additional external experts and a large ESC PCI guidelines, the guidelines, 17 persons reviewed the document, which was prepared by the ESC PCI Task Force and approved by the additional 10 members of the general guidelines committee. The guidelines are backed by three ESC presidents (the former, the present and the future) and all 30 internationally recognized experts support the recommendations.

In the case of an acute coronary syndrome without ST segment deviation, there are no striking differences – we have specified the accompanying medications somewhat more. When you compare the flow diagram of the German and the European guidelines, you will notice that we do not speak of the glycoprotein IIb/IIIa inhibitors in general, but rather more closely specify the substances depending upon type of application. We also preferentially recommend unfractionated (old) heparin and have more reservations for the low molecular weight heparin, especially enoxaparin. For epidemiological reasons, we have left out the “asterisk” and recommend the fastest possible administration, regardless of whether or not a by-pass operation is planned.

For which points is there a need for adjustment – for instance, for acute coronary Syndromes?

S. Silber: In contrast with the German guidelines, we have published the first 32 hours after the beginning of the symptoms depending upon type of application. The guidelines recommend the use of unfractionated (old) heparin in comparison with primary PCI. These recommendations can save a considerable amount of heart muscle mass only during the first three hours after the beginning of symptoms. Primary PCI is superior in patients with Thrombolysis.

Could the ESC guidelines be applied to Germany –one-to-one or is there a need for adjustment?

S. Silber: Precisely in Germany the ESC PCI guidelines could be transferred one-to-one. This applies especially to STEMI due to the relatively high density of heart catheter laboratories and the numerous already existing networks. In particular, these networks could be used for the recommended “post-thrombolysis PCI,” the routine heart catheter examination carried out on a PCI standby basis – after successful thrombolysis.

How can the excellence of the ESC PCI guidelines be demonstrated?

Prof. Dr. Sigmund Silber, M.D., F.A.C.C., F.E.S.C., Chairman of the European PCI Guideline Commission

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