LEFT VENTRICULAR FUNCTION ON LV ANGIOGRAPHY - A PREDICTOR FOR EARLY DISCHARGE IN PATIENTS WITH STEMI POST-PCI

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*Background:*Left ventricular ejection fraction (LVEF) is an established prognostic factor for coronary artery disease.

*Objectives:*We applied LVEF as parameter to patients presenting with STEMI to potentially identify patients that could be discharged early.

*Methods:*A total of 249 consecutive patients who underwent primary PCI for STEMI were studied retrospectively. Risk stratification of the patients was based on LVEF on LV angiography post procedure. Two groups were analyzed based on LV function as LVEF < 50% (Group A) and LVEF ≥50% (Group B) for complications, length of stay (LOS) in coronary care unit (CCU) and overall hospital LOS. Statistical analysis was performed.

*Results:*There were 123 patients with mean age of 62.4 ± 13.9 years and 88 (71.5%) male in Group A versus 126 patients with 61.3 ± 12 years and 97(77%) male in Group B .The incidence of complications including VT/VF as seen in 11(8.9%) versus 7(5.6%); hematoma in 3(2.4%) versus 3(2.4%); use of temporary pacemaker in 3(2.4%) versus 5(4%); in Group A versus Group B respectively was statistically insignificant.

Heart failure was significantly higher in Group A with 13(10.6%) patients versus 0(0%) in Group B (p-value<0.001). Similarly, Impella and IABP were significantly used in Group A with 8(6.5%) and none in Group B (p-value=0.003). There was a significant difference in the hospital LOS with 3.1 ± 2.3 days in Group A versus 2.1 ± 0.8 in Group B (p\_value<0.0001). Hours of stay in the CCU was also significantly more in Group A patients with 36.54 ± 31.36 hours versus 23.97 ± 11.75 hours for Group B (p\_value<0.0001).

*Conclusions:*We concluded that the complication rate, CCU hours and hospital length of stay were significantly lower in STEMI patients with LVEF≥ 50% on LV angiography post PCI. Early discharge can be considered as a feasible option in these patients.