**SAME DAY DISCHARGE PCI: HIGH CLINICAL RISK PATIENTS**

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**Introduction:**Coronary angioplasty has become safe and predictable in terms of early coronary occlusion (ECO) and vascular access complications (VAC). These has promoted same day discharge (SDD) coronary angioplasty (PCI) programs. Whether if patients with high clinical risk (HCR) have higher rates of coronary events (ECO and symptomatic recurrence) and this constitutes an exclusion for SDD PCI has not been evaluated yet.

**Objective:** Evaluate clinical and procedure results of patients in our formal (SDD) coronary angioplasty program presenting with HCR.

**Methods:** In 2009 we started a formal SDD PCI program, increasing both clinical and angiographic risk inclusion criteria among time. Until 2018, 2461 PCI were performed, 361 (15%) of whom where discharged on the same day. We defined HCR when presenting with at least one of the following: 1) proximal LAD; 2) unstable angina; 3) EF < 50%. Those without HCR conformed group A (n=198; 55%); while those with HCR made up group B (n=163; 45%) We evaluated the following events: technical success, clinical success, ECO and VAC. Baseline characteristics (group A vs B): Age 61.8±9.7 vs 60.8±9.1; male 176(89) vs 141(87); diabetes 66(33) vs 48(29); prior MI 47(24) vs 55(34) p=0.03; prior PCI 87(44) vs 70(43); EF 62.5±8.8 vs 57.9±12.3 p<0.001; EF<50% 0 vs 45(28) p<0.001; unstable angina 0 vs 102(63) p<0.001; RCA 81(41) vs 41(25) p<0.001; LAD 89(45) vs 112(69) p<0.001; proximal LAD 0 vs 54(33) p<0.001; LCX 76(38) vs 53(33); multi vessel PCI 47(24) vs 42(26); CTO 18(9) vs 11(7); stent (mm) 38.7±25.9 vs 39.3±22.5; DES(%) 83 vs 90 p=0.01; fluoro time (min) 14.7±14.2 vs 13.1±6.8; contrast (ml) 173.8±68.9 vs 168.1±56.9

**Results:**Technical success 198(100) vs 163(100); clinical success 198(100) vs 163(100); ECO 0 vs 0; VAC 2(1) vs 2(1). Patients had a median follow up (months) of 31±22 vs 28.2±19; extra hospital cardiac death was 2(1) vs 0; CABG 4(2) vs 2(1); re PCI 28(14) vs 10(6) p=0.01; TLR 11(5) vs 4(2.5); TVR-de novo 17(8) vs 6(3.7) p=0.05

**Conclusion**: The clinical and procedure outcomes were similar for both groups. Our results are promising to go beyond current recommendations, even in patients with HCR. A more robust study to confirm these findings will be necessary.