Conclusion: Ambulatory care of selected transradial coronary angiography and interventional patients can be successfully introduced with a decreased need for sedation, low complication rate and high patient satisfaction.

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Platelet count and platelet function testing in acute coronary syndromes

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Background: Platelet function testing may be a useful tool for tailoring antiplatelet therapy in acute coronary syndromes (ACS). Measurements of platelet function may be influenced by platelet count. We examined the relationship between platelet count and platelet function testing using two commercially available platelet function tests, VerifyNow and Multiplate.

Methods: We enrolled patients with ACS and a planned invasive approach on dual antiplatelet therapy with aspirin and clopidogrel. Diabetic patients were excluded as this group have enhanced platelet reactivity. Blood samples were taken prior to angiography, and platelet count and platelet function were assessed.

Results: In 573 ACS patients we observed a statistically significant correlation between platelet count and platelet function measured by both assays (r = 0.13, p = 0.018 for Multiplate and r = 0.10, p = 0.02 for VerifyNow). The regression line describing the relationship between platelet function and platelet count was virtually identical for the two assays (0.049 and 0.048 for Multiplate and VerifyNow).

Conclusion: Both Multiplate and VerifyNow assays have a small sensitivity for platelet count. Whether platelet function testing needs to be corrected for platelet count is unclear, but our results suggest that this needs to be investigated.

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P24

Low prevalence of left atrial thrombus detected by transoesophageal echocardiogram in patients with arrhythmia prior to DC cardioversion

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Background: Patients requiring acute DC cardioversion (DCCV) for atrial fibrillation (AF) or flutter (AFlt) require exclusion of left atrial appendage (LAA) thrombus to reduce their risk of stroke. Transoesophageal echocardiography (TOE) is the gold standard modality but is invasive. Cardiac CT has a high negative predictive value for LA thrombus and is potentially an alternative to TOE in this population. We studied the prevalence of LAA thrombus and spontaneous echo contrast (SEC) in patients who required acute DCCV to determine the feasibility of using CT in this setting.

Methods: All inpatients at Middlemore Hospital who were referred for TOE prior to DCCV for AF or AFlt were included. TOEs between January 2012 and December 2013 were retrospectively analysed.

Results: A total of 235 TOEs were performed between January 2012 and Dec 2013. Fifty-eight TOEs were performed to exclude LAA thrombus prior to DCCV. Of these, 46 (79%) were on male patients, average age 59 yr (range 23-85 yr), 35 (60 %) patients in AFlt, 22 (38 %) in AF. Thirty four (59 %) patients had impaired LV systolic function. Thrombus and SEC were detected in 5 (9 %) TOEs and thrombus alone in 2 (3 %). SEC only was noted in 4 patients (7 %). No TOE related complications were noted.

Conclusion: There was a low prevalence of thrombus or SEC in patients who underwent TOE prior to DCCV. Cardiac CT may be a useful alternative to TOE in our institution.

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P25

Characteristics, outcomes, and complications during the first year of coronary rotational atherectomy at Middlemore Hospital

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Background: Coronary Rotational Atherectomy (CRA) is a complex intervention to treat heavily calcified coronary atherosclerosis. Calcified disease is common at Middlemore Hospital due to high prevalence of diabetes, chronic kidney disease (CKD) and elderly population. We review characteristics and outcomes of the first year of CRA at our hospital.

Methods: We audited all CRA cases from August 2012 to August 2013, collecting information on patient characteristics (demographics, comorbidity), angiographic findings (SYNTAX score), procedural details (stent numbers/length, procedure time, contrast dose), complications and angiographic outcome. Six and twelve month clinical outcomes were examined, including coronary revascularisation.

Results: 28 CRA procedures were performed during the year. Average age was 70 years, 64% were male. 11 patients (36%) had Type 2 Diabetes, 10 (35%) had Stage 3 or worse CKD. Trans-radial approach used in 75% of cases. Median SYNTAX score was 21.5 (range 10-35). 58 drug eluting and 1 bare metal stent used, averaging 2 stents/52mm stent length per case. Residual stenosis <=25% achieved in all cases. Average procedure length was 130min, fluoroscopy time 32min, contrast dose 221mL. One patient had VF arrest due to no-reflow, otherwise no significant complications seen. All patients were alive at 6 months, and 1 of 14 patients died (from respiratory disease) within a year of CRA. Two patients had coronary revascularisation within 12 months. No major vascular complications seen.