**SAME DAY DISCHARGE PCI: HIGH ANGIOGRAPHIC RISK**

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**Intro:**Coronary angioplasty has become safe and predictable in terms of acute coronary occlusion and vascular access complications (VAC). These has promoted same day discharge (SDD) coronary angioplasty (PCI) programs. Whether if patients with high angiographic risk anatomy (HAR) have higher early coronary occlusion risk and this constitutes an exclusion for SDD PCI has not been evaluated yet.

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

**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 done, 361 (15%) of whom where discharged on the same day. We defined HAR when presenting with at least one of the following: 1) chronic total occlusion (CTO); 2) severe coronary calcification; 3) multivessel PCI. Those without HAR conformed group A (n=233; 64%); while those with HAR made up group B (n=128; 36%) We evaluated the following events: technical success, clinical success, early coronary occlusion and VAC Baseline characteristics were Group A vs Group B n (%) respectively: Age 60.9±10.1 vs 62.14±8.1; male 201(86) vs 119(93); diabetes 74(32) vs 40(31); prior MI 67(29) vs 35(27); prior PCI 102(44) vs 54(42); EF(%) 60.7±11.1 vs 60±10.1; unstable angina 68(29) vs 34(27); RCA 60(26) vs 63(49) p<0.001; LAD 121(52) vs 79(62); LCX 53(23) vs 76(59) p<0.001; multi vessel PCI 0 vs 89(70) p<0.001; severe calcification 0 vs 26(20) p<0.001; CTO 0 vs 29(23) p<0.001; 7/8 Fr 13(6) vs 12(9); stent mm 28.9±15.8 vs 57.7±26.8 p<0.001; DES(%) 86 vs 86; fluoro (min) 12±12.3 vs 17.8±8.6 <0.001; contrast (ml) 153.8±53.6 vs 202.4±68.2 p<0.001

**Results:**Results were: technical success 233(100) vs 128(100); clinical success 233(100) vs 128(100); early coronary occlusion 0 vs 0; VAC 5(2) vs 1(1). Pts had a median follow up (months) of 26.8±17.2 vs 34.8±25.6 p<0.001. Extra hospital cardiac death was 1 vs 1; CABG 2 vs 4; re PCI 20 vs 19

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