Introduction of few tests before doing an angiogram has minimised the complications following the procedure

Kaushika Premchand
Nlc india general Hospita, India

Heart angiography is among the often frequently in clinical cardiology, done procedures and it remains to be the "gold standard" of coronary artery disease for anatomical diagnosis.

However, invasive coronary angiography need not considered as a first line investigation despite it is important. Nuclear perfusion imaging, stress ECGs, and echocardiograms, are some of the functional tests that are frequently advised for many of these individuals as initial tests. There are numerous functional tests that can be found and practiced. Functional tests, in addition to being useful for diagnosing disease, also give independent as well as extra prognostic information (Marwick et al., 1997).

Characteristics of patients: A total of 802 patients were assessed. 491 patients (61.1) who had coronary artery disease, 9 percent (72) had heart failure, 15.8 percent (127) ST segment elevation myocardial infarction, 8.7 percent (70 patients) who underwent valvular heart disease, and 1.5 percent (11 patients) no cardiac surgery (0.8 percent). 29.4 percent coronary angiography.

Investigations & functional tests prior to angiography: The 12-lead electrocardiogram was performed on all patients as a routine of the starting diagnostic work-up before they were scheduled to have coronary angiography performed. Twelve-lead electrocardiography was normal in 32.5 percent (261 patients), was uninterruptable in 3.7 percent (30 patients), revealed ischemia changes in 37.7 percent (337 patients) and exhibited non-specific abnormalities in 21.7 percent (174 patients).

Prior to coronary angiography, the patient's left ventricular function was evaluated as routine diagnostic workup in another 123 patients using radionuclide ventriculography, and in 232 patients (28.9 percent) with echocardiography, as part of the diagnostic work up (15.3 percent). A total of 37 patients (3.6 percent) who had previously undergone contrast ventriculography were evaluated for left ventricular function. In 410 individuals, there was prior to coronary angiography no assessment of left ventricular functions performed (51.1 percent). Inpatients were significantly less likely than day-only patients to having the left ventricular function assessed when compared to day-only patients prior to coronary angiography. (36.9 percent vs. 62.9 percent, p0.001). The left ventricular function of 392 individuals was assessed, and 38 percent (149) had less than 50 percent, an ejection fraction, whereas normal function was for 243 patients, according to the findings (ejection fraction 50 percent).

Among the 369 day-only patients, 262 (71 percent) had functional tests completed, compared to only 75 (17.3 percent) of the 433 inpatients (p0.001). The study found that inpatients were considerably less likely than

day-only patients prior to coronary angiography to have had functional testing, after even excluding the 197 patients who had from the analysis elevated cardiac Troponin T levels (28.5 percent vs 71.6 percent, p0.001). Compared to individuals without such a history, patients who had had percutaneous coronary intervention (PCI), documented myocardial infarction or coronary artery bypass surgery to having functional testing performed prior to coronary angiography were very unlikely. (79/224, 35.3 percent versus 258/578, 44.6 percent, p=0.016). According to the findings of the study, out of 491 patients who were considered for examination of chest discomfort not related with either ST elevation or non-ST elevation myocardial infarction only 288 (58.6 percent) had functional tests done prior to angiography. Patients performed exercise electrocardiography in 139 cases (13.6 percent), exercise echocardiography in 41 cases (5.1 percent), exercise nuclear perfusion scan in 57 cases (7.1 percent), and vasodilator stress nuclear perfusion scan in 130 cases (16.2 percent).

Results of pre-angiogram tests: In Acute myocardial infarction patients, a clear link was discovered between the amount to which guidelines were followed and their one-year mortality (Schiele et al., 2005).

Even after adjusting for clinical risk, compliance remained an independent predictor of survival in the long-term outcome.

Biography

I am Kaushika Premchand working as a doctor in NLC India general Hospital "a navaratna enterprise ". I have presented 10 research papers at various international journal and conference. I am a member of Indian medical Association and involved in providing continuous medical education I am appreciated and interviewed by various media, newspaper and FM for my medical services especially at working borderline areas.

Received: March 25, 2022; **Accepted**: March 27, 2022; **Published**: March 28, 2022