Abstract 73 Table 1 Outcomes at 6 months

	Dialysis N=44	Creatinine >150 N=86	P Value
Cardiovascular death	6 (13.6%)	7 (8.1%)	
Cardiac arrest	1 (2.3%)	1 (1.2%)	
Heart failure	3 (6.8%)	5 (5.8%)	
MI	4 (9.1%)	1 (1.2%)	
Angina	6 (13.6%)	8 (9.3%)	
Bleeding complication	4 (9.1%)	2 (2.3%)	
Arrhythmia	2 (2.3%)	2 (2.3%)	
MACE	15 (34.1%)	11 (12.8%)	<0.01
All-cause death	11 (25%)	11 (12.8%)	<0.05

Cerebral Performance Category (CPC) score at 30-days was as follows; 48 (73.8%) scored 1, 3 (4.6%) scored 2, 2 (3.1%) scored 3, 1 (1.5%) scored 4 and 11 (16.9%) scored 5. Significantly more patients were in CPC 1 to 3 than 4–5 (53 vs 12; $p<0.001$), see Table 2.

Conclusion In our cohort of patients presenting with OHCA who underwent PCI, we observed an excellent survival to discharge rate. Poor neurological recovery is seen in only a minority of patients who have received PCI after successful OHCA.

Conflict of Interest None

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OUTCOMES IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION WITH CHRONIC KIDNEY DISEASE

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Introduction Patients with chronic kidney disease (CKD) have been excluded from clinical trials evaluating the outcomes of percutaneous coronary intervention (PCI). Although studies show that CKD increases complications in patients undergoing PCI, there is still uncertainty of the long term efficacy of PCI for patients with this common problem.

Purpose To describe and compare the outcomes of patients with varying degrees of CKD following PCI and to determine in what time period they are most at risk of complications.

Method 1862 patients received PCI in our centre from June 2016 to June 2018, 130 of which had renal failure. We retrospectively compared the complication rates between two groups of patients, those who were on dialysis (44) and those with CKD stage 3 and 4 and not on dialysis (86). Baseline characteristics of the patients were evaluated and patient records were reviewed to observe their outcome at 1 month and 6 months. We defined MACE as cardiovascular death, MI, stroke, major bleeding complication and cardiac arrest.

Results Comparing the baseline characteristics there was no significant difference in mean age between the dialysis group vs the CKD stage 3/4 group (67 vs 70). However, there was a higher proportion of men in the CKD stage 3/4 group vs the dialysis cohort (84% vs 59%, $p<0.05$). There was a

significantly higher proportion of diabetics in the dialysis vs the CKD stage 3/4 group (70% vs 55%, $P<0.05$). Comparing outcomes at 1 month between those on dialysis and those with CKD stage 3/4, dialysed patients had a numerically higher MACE (15.9% vs 11.6%, $p>0.05$) and all-cause mortality (13.6% vs 9.3%, $p>0.05$), however, neither were significantly different. At 6 months, the dialysis group had a significantly higher MACE than the CKD stage 3/4 group (34.1% vs 12.8%, $P<0.01$). The dialysis group also had significantly higher all-cause mortality (25% vs 12.6% $p<0.05$).

Conclusion Patients with chronic kidney disease undergoing PCI have a high morbidity and mortality rate. When we split the groups, patients on dialysis have a worse outcome with higher morbidity and mortality at 6 months compared to those with CKD stage 3/4 and not on dialysis. The period of highest risk for MACE extended throughout the 6 months in the dialysis cohort, whereas, those not on dialysis were at highest risk in the first month. The outcomes at 6 months can be seen in table 1.

Conflict of Interest No conflict of interest for all authors

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DAY CASE DRUG COATED BALLOON ONLY ANGIOPLASTY FOR DE NOVO CORONARY ARTERY DISEASE

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Introduction The high pressures on hospital beds necessitate fast and efficient, yet safe turn-around of all elective patients ideally as day cases. Although same day discharge in patients receiving a coronary stent is widely supported by evidence, no prior study has reported on this strategy in Drug Coated Balloon (DCB) only de novo angioplasty. An important safety consideration, particularly with DCB only angioplasty is acute vessel closure due to a higher risk of coronary dissection, which will usually be apparent peri-procedurally. In this abstract we report our experience with day case DCB only angioplasty from a single high-volume UK centre and propose criteria for safe discharge.