

Outcomes of ST elevation myocardial infarction and adherence to door-to-needle and door-to-balloon time: A Philippine Heart Center experience

<sup>1</sup>Philippine Heart Center <sup>2</sup>Philippine Heart Center

Richie Gaye Fernandez<sup>1</sup>, James S. Ho<sup>1</sup>

International guidelines were published regarding optimum time for revascularization for ST elevation myocardial infarction patients. Data around the world showed a relationship between adherence to guidelines and morbidity and mortality. First local data from the Philippine Heart Center is examined. A total of 94 patients underwent PCI with 26 adhering to door-to-balloon time and 68 who did not. Data were obtained from the time they presented at the emergency room until ECG was taken, and decision for treatment as well as performance of intervention was done. There was no significant difference in mortality and complications up to 72 hours post-procedure in both groups but there was statistically significant shorter hospital stay in the adherent group. Those subjects who underwent fibrinolysis showed a trend of shorter hospital stay in the adherent group, with procedures like CABG and PCI further done in the non-adherent group. This study concluded that at the Philippine Heart Center, majority of patients who underwent thrombolysis and PCI did not meet the standard door-to-needle and door-to-balloon time for various reasons. This has no effect on mortality and complications in all patient subgroups, but resulted to a shorter hospital stay in those who adhered to the guidelines.