

The impact of the ambulance with the physician to the primary percutaneous coronary intervention for the ST-elevation myocardial infarction

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ObjectiveThe object of this study was to estimate the impact of the ambulance with the physician (the Doctor Car) to the primary percutaneous coronary intervention (PCI) for the ST-elevation myocardial infarction (STEMI). **Methods**We retrospectively assessed a consecutive 116 patients, who were transferred to our hospital with STEMI and performed the primary PCI from January 2006 to October 2011. Patients were divided to the Doctor Car group (the group D, n = 36) and the normal transferred group (the group N, n = 80). The time related with the transportation or reperfusion, the procedure of the PCI and the in-hospital cardiac events were evaluated, comparing between the both groups. **Results**Although the transportation time was longer in the group D (the group D; 44 ± 14 min vs. the group N; 29 ± 11 min, $p < 0.01$), the arrival-reperfusion time was shorter (76 ± 32 min vs. 100 ± 46 min, $p = 0.01$) and the assisted circulation devices were less frequently used (19% vs 46%, $p = 0.01$), compared with the group N. There was no difference between both groups at the in-hospital cardiac events. **Conclusions**Although the Doctor Car prolonged the transportation time, it might reduce the arrival-reperfusion time and the use of the assisted circulation device.