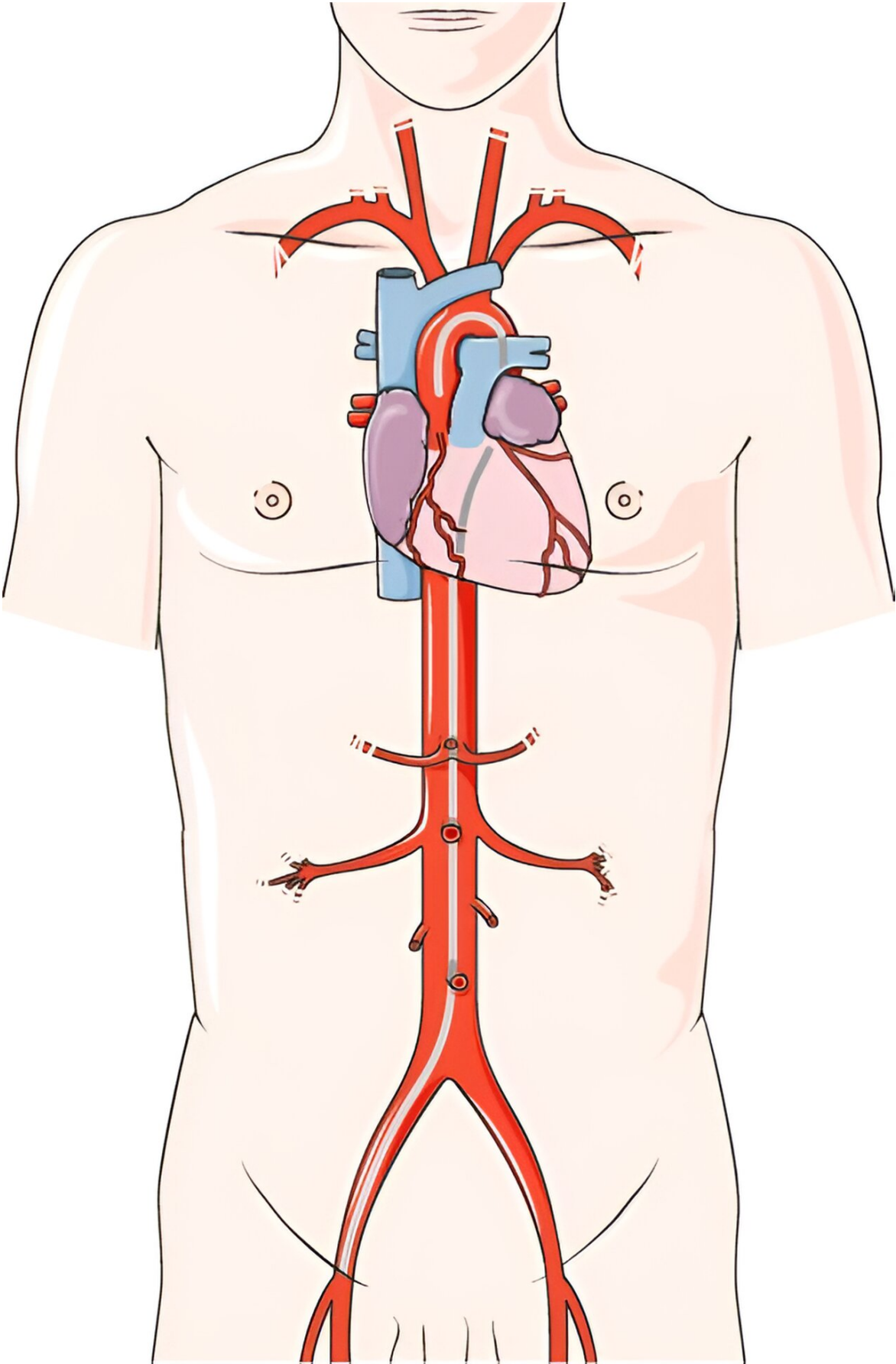


# **Pre-procedural strategy for cardiac catheterization found to improve patient well-being and satisfaction**

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Procedure to access the coronary circulation and blood filled chambers of the heart using a catheter. It is performed for both diagnostic and interventional (treatment) purposes. Credit: Wikimedia Commons, [CC BY 3.0 DEED](#)

New data from the CALORI Cardiac Catheterization trial shows significant improvement in patient well-being and satisfaction without compromising safety after implementation of a liberal non-fasting strategy prior to a cardiac catheterization procedures. The late-breaking results were presented today at the [Society for Cardiovascular Angiography & Interventions \(SCAI\) 2024 Scientific Sessions](#).

[More than one million cardiac catheterizations are performed each year in the U.S. to diagnose heart problems](#). The risk of complications is low, but issues such as bleeding, pain, infections, or [blood clots](#) could occur. In addition, routine pre-procedural fasting remains the standard of care, despite a lack of robust evidence to support this practice.

The CALORI Cardiac Catheterization trial focuses on inpatients undergoing elective or urgent [cardiac catheterization](#) procedures. This single-center, randomized trial investigated the impact of fasting after midnight versus unrestricted oral intake prior to cardiac catheterization.

The primary endpoint assessed pre-procedural patient satisfaction levels (scaled 0-5, 0 signifying absence of variable and 5 the most extreme form) regarding hunger, fatigue, anxiety, and nausea. Additionally, a composite well-being score, incorporating hunger and fatigue, was utilized. Secondary endpoints encompassed post-procedural satisfaction

and the occurrence of peri-procedural adverse events such as emesis, aspiration, or intubation.

Among the 198 patients analyzed (65% male and 42% Black), non-fasting patients showed significantly better composite pre-procedural well-being scores of  $2.4 \pm 2.4$  compared to  $6.0 \pm 2.5$  for those who were withheld from fluids or solids (Nil Per Os, NPO) (p

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