Journal Club Attending Summary:
December, 2012

Topic: Cath lab for all survivors with ROSC after cardiac arrest

We reviewed 3 articles and a very well written editorial on this topic for journal club. Dr. Chuck Carpenter from cardiology was present to lend his observations.

There has been a trend over the past few years for a stronger push to the cath lab from the ED when there is ROSC following out of hospital cardiac arrest (OOHCA) regardless of ECG findings in the ED. To be clear, there is no controversy when an ECG shows a STEMI in this situation…the patient is cooled and goes to the cath lab. The question is whether there is benefit to doing the same thing when there is no evidence for STEMI on the post-resuscitation ECG.

The short answer- there is likely some benefit, but not nearly as large (at least based on these articles) as we were expecting. Pooled data from these articles showed that there was a lesion that was amenable to PTCA in about 15% of this latter group of patients. A second article (meta-analysis) found about an odds ratio for improvement with immediate cath of 2.78 (i.e. it is better than nothing, but not a slam-dunk).

Neither of the 2 primary studies were very large, and the meta-analysis showed that there is not a lot of great randomized-controlled data out there.

Dr. Carpenter and the group summarized it as this is a discussion that is best held during the light of day between those who make hospital guidelines / policy, and that 0300am discussions where we try to invent an algorithm will likely be unsuccessful. Dr. Carpenter did identify the “low-hanging fruit” in this group as being those who very likely have CAD as the etiology of their CA. In this select group, the chances of finding a culprit lesion are likely much higher than an unselected patient population.

adp