Class 1/2 certification - Coronary artery disease

Coronary artery disease including:
- **Myocardial infarct**
- **Coronary artery surgery**
- **Angioplasty / stenting**

Unfit for 6 months →

Cardiology review (note 1)
- **Symptoms / treatment / risk factors (note 2)**
- **An angiogram shall be available (note 3)**
- **Shall require:**
  - **Exercise ECG (note 4)**
  - **Echocardiogram (note 5)**
  - **Perfusion scan (angioplasty/stent only - note 6)**
- **May require:**
  - **24 hour ECG (note 7)**

Results acceptable (note 8) ↓

Operational assessment (note 9):
- **Class 1 OML (Operational Multi-Pilot)**
- **Class 2 unrestricted**
- **Class 2 OSL (Safety pilot)**

Follow-up (note 10)

NOTES:

1) By a cardiology specialist.

2) No angina or anti anginal medication. Risk factors shall be assessed and reduced to an appropriate level. All applicants should be on acceptable secondary prevention treatment.

3) Angiogram - obtained around the time of, or during, the ischaemic myocardial event. There shall be no stenosis more than 50% in any major untreated vessel, in any vein/artery graft or at the site of an angioplasty/stent, except in a vessel supplying an infarct. More than two stenoses between 30% and 50% within the vascular tree should not be acceptable. The whole coronary vascular tree shall be assessed (particular attention should be paid to multiple stenoses and/or multiple revascularisations). An untreated stenosis greater then 30% in the left main or the proximal left anterior descending coronary artery should not be acceptable.

4) Exercise ECG - should be symptom limited to a minimum of Bruce stage 4 or equivalent, with no evidence of myocardial ischaemia or significant rhythm disturbance.

5) Echocardiogram - myocardial function shall be assessed and show no important abnormality of wall motion and a LV ejection fraction of 50% or more (Echo not required if ejection fraction measured by stress echocardiography or myocardial perfusion scan).

6) Myocardial perfusion scan - showing no evidence of reversible ischaemia shall be required at least 6 months after angioplasty/ stenting/CABG, but not after myocardial infarction unless there is doubt about myocardial perfusion. Stress echocardiogram or MRI perfusion may be accepted in lieu of myocardial perfusion scan.

7) 24 hour ECG - may be necessary to assess the risk of any significant rhythm disturbance.

8) The cardiology report will be reviewed by the Authority Medical Section AMS (Class 1) or AME for Class 2. It may be necessary to see the investigations, in which case the actual tracings/films/videos will be requested. Further investigations may be required. In difficult cases a secondary review panel will be convened. Initial Class 1 applicants will require individual assessment by the Licensing Authority (ILA)

9) Class 1 recertification will require a multi-pilot limitation (OML). Unrestricted Class 2 certification is possible having completed all the above investigations. Class 2 applicants not fully meeting the requirements may be recertificated with a safety pilot limitation (OSL) having completed a satisfactory exercise ECG test (as in note 4).

10) Periodic follow-up (at least annually for the first 5 years) shall include a specialist cardiology review, cardiovascular risk assessment and an acceptable exercise ECG (as in note 4 above). In all cases coronary angiography and/or myocardial perfusion scanning (or equivalent) shall be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischaemia. In all cases of coronary artery bypass grafting (except Class 2 OSL) a myocardial perfusion (or equivalent) scan shall be performed 5 years after the procedure (if not done before).

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