## JAA Class 1/2 certification - Coronary artery disease

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

**Grounded for** 

6 months

## NOTES:

- 1) By a cardiologist acceptable to the Aeromedical Section (AMS).
- 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.
- 6) Myocardial perfusion scan showing no evidence of reversible ischaemia shall be required at least 6 months after angioplasty/stenting, but not after other events (myocardial infarction or bypass grafting) unless there is doubt about myocardial perfusion.
- 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 AMS. 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.
- 9) Class 1 recertification will require a multi-crew limitation (OML). Unrestricted Class 2 certification is possible having completed all the above investigations. Class 2 safety pilot (OSL) recertification is possible 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 shall be considered at any time if symptoms, signs or non-invasive tests indicate cardiac ischaemia. In all cases of coronary artery vein bypass grafting (except Class 2 OSL) a myocardial perfusion scan shall be performed 5 years after the procedure (if not done before).

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)** 

Myocardial perfusion scan (angioplasty/stent only - note 6)

May require:

24 hour ECG (note 7)

Results acceptable to the AMS (note 8)

Operational assessment (note 9):

Class 1 OML (Operational Multi-Crew)

Class 2 unrestricted

Class 2 OSL (Safety pilot)

Follow-up at AMS discretion (note 10)

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