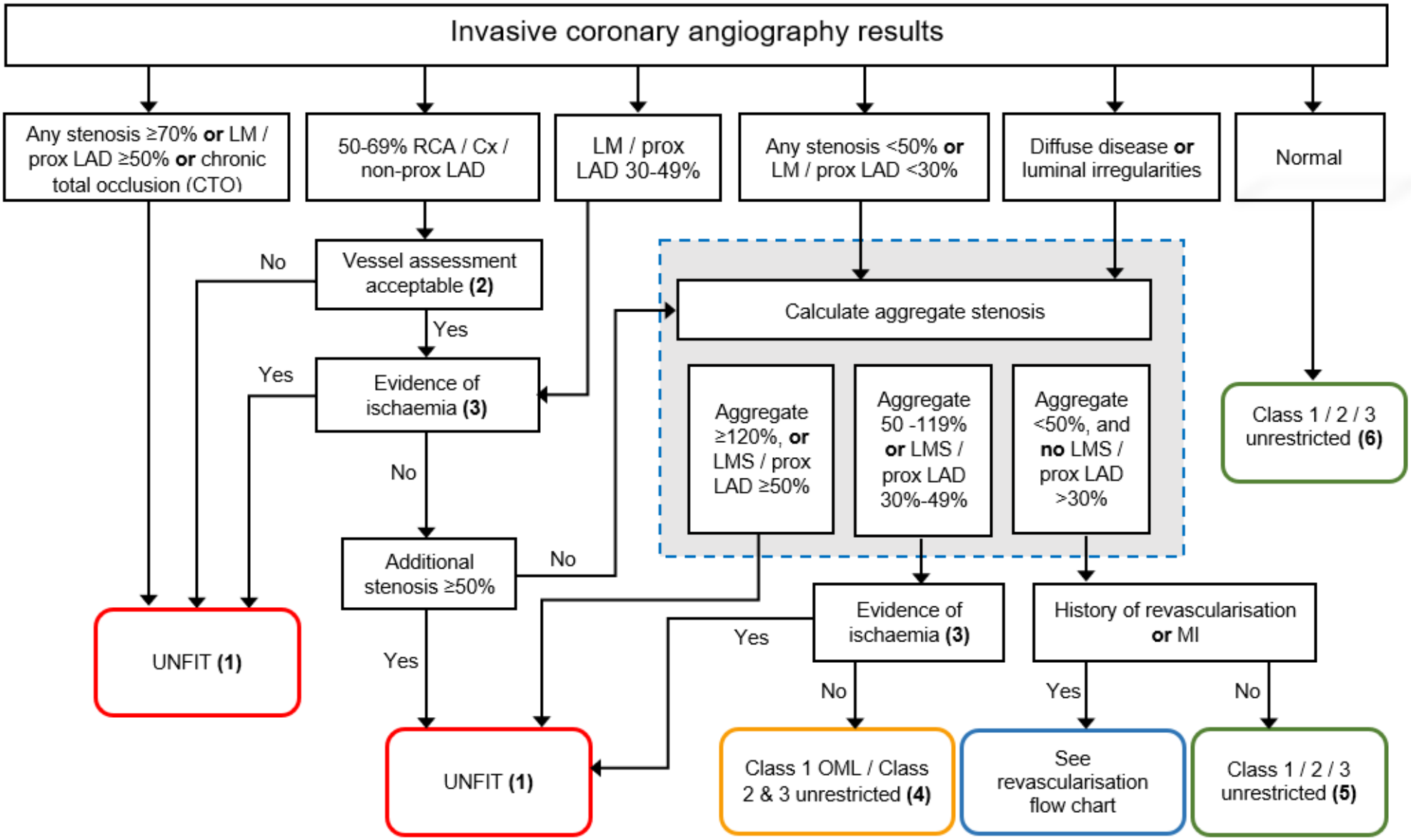
Invasive coronary angiogram (ICA) stenosis flow chart

Modified from Davenport ED et al, Heart 2019; 105: s25-s30 (Open access under CC BY-NC)



Notes to ICA stenosis flow chart

Note (1)

Certification may be possible when a complete occlusion supplies an infarcted area with no reversible ischaemia or important wall motion abnormality (that is, no akinesia, dyskinesia, or extensive hypokinesia).

Note (2)

Send invasive coronary angiogram to CAA Medical Department.

Individual assessment will consider: stenosis site, size and dominance of vessel, and degree of stenosis. For example, if a large vessel subtends a significant area of myocardium, it may be more appropriate to consider as proximal LAD in algorithm.

Note (3)

Ischaemia testing: nuclear myocardial perfusion scintigraphy (MPS) SPECT or PET, stress echocardiogram (dobutamine or exercise), or MRI perfusion scan.

Note (4)

CTCA at year 3. Other investigations may be required (for those with LM / prox LAD disease) as determined by a CAA medical assessor (Class 1 and 3) or by an aeromedical examiner (AME) in consultation with a CAA medical assessor (Class 2 and LAPL). Further follow-up will be determined thereafter.

In borderline cases, operational limitations may also be required for Class 2 and 3.

Note (5)

CTCA at year 6. Other investigations may be required (for those with LM / prox LAD disease) as determined by a CAA medical assessor (Class 1 and 3) or by an AME in consultation with a CAA medical assessor (Class 2 and LAPL).

For unrestricted Class 1 there must be no individual stenosis >30% in any major vessel.

Further follow-up will be determined thereafter.

Note (6)

Appropriate management of cardiovascular risk factors and screening according to the cardiovascular risk assessment flow chart in the cardiovascular system guidance.