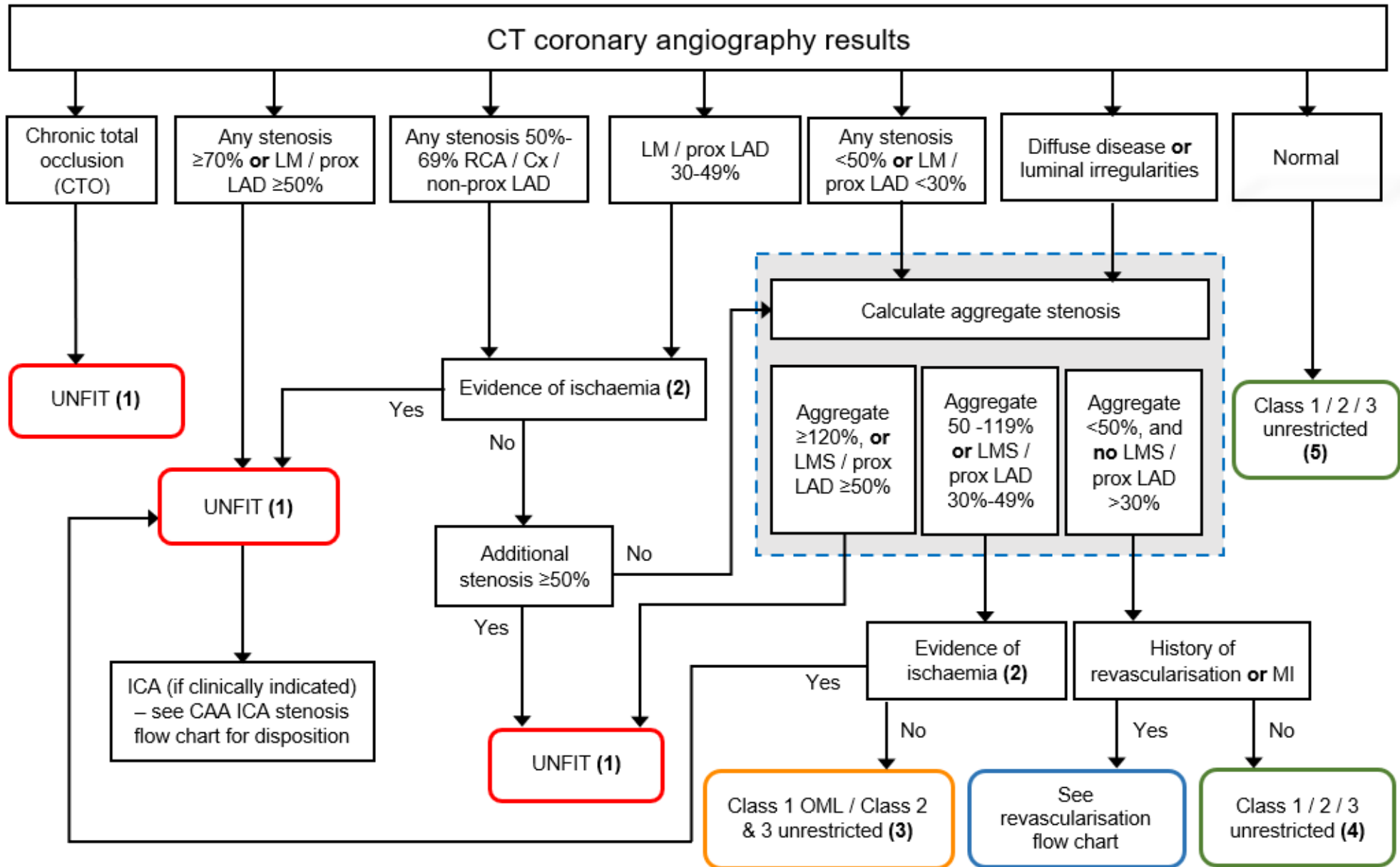


CT coronary angiogram (CTCA) stenosis flow chart

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



Notes to CTCA 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)

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

Cases with suspicion of reversible ischaemia or silent infarction require angiographic evidence to determine if anatomical and functional evidence are congruent. ICA should only be carried out if clinically indicated and not just for certificatory purposes. The ICA should be reported according to CAA guidelines for ICA reports and assessed according to the ICA stenosis flow chart for aeromedical disposition and follow-up. These can be found in the [cardiovascular system guidance](#).

Note (3)

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 (4)

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). Further follow-up will be determined thereafter.

Note (5)

Appropriate management of cardiovascular risk factors and screening according to the [cardiovascular risk assessment flow chart](#) in the cardiovascular system guidance.