APPENDIX E: GLOSSARY

Access site occlusion	Indicates whether an access site occlusion occurred at the site of percutaneous entry during the procedure or after the laboratory visit, but before any subsequent laboratory visits. This is defined as total obstruction of the artery usually by thrombus (but may have other causes) usually at the site of access, requiring surgical repair. Occlusions may be accompanied by absence of palpable pulse or Doppler.
Acute Coronary Syndrome (ACS)	Indicates if the patient is suffering from an ACS event. ACS encompasses clinical features comprising chest pain or overwhelming shortness of breath, defined by accompanying clinical, ECG and biochemical features. ACS comprises the following: - Unstable Angina Pectoris (UAP) - NSTEMI - STEMI
Bail-out CABG	Urgent/emergent CABG as a complication related to the index PCI (e.g. secondary to stent thrombosis, left main or TVR dissection, coronary perforation, unsuccessful INDEX PCI). This also applies to where the CABG was precipitated due to worsening, sudden chest pain, CHF, AMI or anatomy.
Bleeding	The person's episode of bleeding as described by the thrombolysis in myocardial infarction (TIMI) criteria. Indicates if bleeding occurred during or after the cath. lab visit until discharge. The bleeding should require a transfusion and/or prolong the hospital stay and/or cause a drop in haemoglobin >3.0 gm/dl.
Body Mass Index (BMI)	A measurement of the relative percentages of fat and muscle mass in the human body, in which weight in kilograms is divided by height in meters and the result used as an index of obesity (kgm^{-2}). This will be autocalculated by the system.
Canadian Cardiovascular Score (CCS)	Indicates the Canadian Cardiovascular Angina Classification Score (CCS) of a patient which is categorised as: Class 0; Asymptomatic Class 1; Ordinary physical activity, such as walking or climbing the stairs does not cause angina. Angina may occur with strenuous, rapid or prolonged exertion at work or recreation. Class 2; There is slight limitation of ordinary activity. Angina may occur with moderate activity such as walking or climbing stairs rapidly, walking uphill, walking or climbing stairs after meals, in the cold, in the wind, or under emotional stress, or walking more than two blocks on the level, and climbing more than one flight of stairs at normal pace under normal conditions. Class 3; There is marked limitation of ordinary physical activity. Angina may occur after walking one or two blocks on the level or climbing one flight of stairs under normal conditions at a normal pace. Class 4; There is inability to carry on any physical activity without discomfort; angina may be present at rest.

Cardiogenic shock	Indicates if the patient fulfilled the clinical criteria for cardiogenic shock as follows: a. hypotension (a systolic BP of <90 mmHg for at least 30 minutes or the need for supportive measures to maintain a systolic BP of >90 mmHg). b. end-organ hypoperfusion (cool extremities or a urine output of less than 30 ml/h, and a heart rate >60 beats per minute). c. the haemodynamic criteria are a cardiac index of no more than 2.2l/min per square meter of body-surface area and apulmonary-capillary wedge pressure of at least 15 mmHg.
Chronic renal failure	Indicates if the patient has a history and/or documented evidence and/or have undergone treatment for chronic renal failure. Includes all patients with creatinine 200 micromol/L.
Contralateral Injections	Injection of contrast injected in the opposite non-occluded vessel.
Current smoker	Patient who regularly smokes a tobacco product/products one or more times per day or has smoked within the prior to this admission.
Diabetes	Indicates if the patient has diabetes as documented by the following: 1. A history of diabetes, regardless of duration of disease, or need for anti diabetic agents, or 2. Fasting blood glucose >7.0 mmol/L, or 3. HbA1c >6.5 mmol/L
Direct stenting	Stent deployment without prior treatment of stenotic segment.
Dissection (post-procedure)	Indicates for the treated segment (or for a significant side branch) if a dissection >5 mm was observed during the PCI procedure. Dissection is defined as the appearance of contrast materials outside of the expected luminal dimensions of the target vessel and extending longitudinally beyond the length of the lesion.
Dissection (vascular)	Indicates whether a dissection occurred at the site of percutaneous entry during the procedure or after lab visit but before any subsequent lab visits. A dissection is defined as a disruption of an arterial wall resulting in splitting and separation of the intimal (subintimal) layers.
Documented CAD	Indicates if the patient has angiographically-proven coronary disease (stenosis >50%) or has undergone percutaneous angioplasty (PCI) or coronary artery bypass graft (CABG) prior to this admission to the hospital.
Door-to-balloon time	The duration between the time patient presented to the reporting centre to the time of first intracoronary device used performed by the same centre. Applicable only to patients with STEMI undergoing urgent PCI.
Door-to-needle time	The duration between the time patients presented to the reporting centre to the time intravenous fibrinolytic therapy was administered or initiated by that same centre. Applicable only to STEMI patients receiving thrombolysis at the reporting centre.
Elective PCI	PCI performed for patients with stable CAD.
Emergency Reintervention/PCI	Indicates if the patient required an unplanned PCI during hospitalisation and prior to discharge that occurs as a complication related to the index PCI e.g., – stent thrombosis, dissection with target vessel occlusion.
French size	The French size of the guiding catheter or guiding sheath used to cannulate the ostium of the coronary artery. The largest size used should be indicated.

Functional ischaemia	Indicates if the patient has functional ischaemia as indicated by a non-invasive test such as exercise or pharmacological stress test, radionuclide, echo, CT scan to rule out ischaemia. The test could be performed at this admission (prior to the PCI), or it could be a test that resulted in the admission.
Glomerular Filtration Rate (GFR)	Glomerular filtration rate (GFR) is the volume of fluid filtered from the renal (kidney) glomerular capillaries into the Bowman's capsule per unit time calculated using the Modification of Diet in Renal Disease (MDRD) formula. GFR MDRD = 186 x (serum creatinine (µmol/L) / 88.4) -1.154 x AGE-0.203 x (0.742 if female). The unit is $mL/min/1.73m^2$.
Intra Aortic Balloon Pump (IABP)	Indicates if an intra aortic balloon pump has been used during the procedure.
Killip classification	Identifies the Killip class, as a measure of haemodynamics compromise, of the person at the time of presentation **Class I** includes individuals with no clinical signs of heart failure **Class II** includes individuals with rales in the lungs, an S3 gallop, and elevated jugular venous pressure **Class III** describes individuals with frank pulmonary oedema **Class IV** describes individuals in cardiogenic shock
Lesion code	Indicates the sites of lesion treated by PCI.
Lesion result	Indicates whether the treatment for the treated lesion was successful or unsuccessful.
Lesion type	The lesion type according to ACC/AHA guidelines that determines the complexity of the lesions thus determining the success rate and complication rates following PCI.
Loss of radial pulse	Indicates whether an acute loss of the pulse radial to the arterial access site occurred either by dissection, thrombus or distal embolisation.
LVEF	The left ventricular ejection fraction as measured by the percentage of the blood emptied from the left ventricle at the end of the contraction. Indicates the ejection fraction status at the time of PCI procedure. The most recent test within the last 6 months, including the current procedure and up to discharge following the procedure.
Medina classification	It involves assigning a binary value (1,0) to each of the three components of a bifurcation (proximal region of main branch, distal region of main branch, and the side branch) depending whether there is more than (1) or less than (0) fifty percent lesion stenosis. If only proximal segment of the main branch has a significant lesion, it becomes Medina 1,0,0. If distal segment of main branch alone is involved, it becomes 0,1,0. Sole involvement of side branch is designated 0,0,1 and involvement of all three is designated 1,1,1 and so on.

New York Heart Association	Indicates the patient's NYHA classification as follows: I. Patient has cardiac disease but without resulting limitations of ordinary physical activity; Ordinary physical activity (e.g. walking several blocks or climbing stairs) does not cause undue fatigue or dyspnoea. Limiting symptoms may occur with marked exertion. II. Patient has cardiac disease resulting in slight limitation of ordinary physical activity. Patient is comfortable at rest. Ordinary physical activity such as walking more than two blocks or climbing more than one flight of stairs results in limiting symptoms (e.g., fatigue or dyspnoea). III. Patient has cardiac disease resulting in marked limitation of physical activity. Patient is comfortable at rest. Less than ordinary physical activity (e.g., walking one to two level blocks or climbing one flight of stairs) causes fatigue or dyspnoea. IV. Patient has dyspnoea at rest that increases with any physical activity. Patient has cardiac disease resulting in inability to perform any physical activity without discomfort. Symptoms may be present even at rest. If any physical activity is undertaken, discomfort is increased.
No-reflow	Indicates for the treated segment if there was a period where no flow was noted during the PCI procedure.
Percutaneous entry	Indicates the percutaneous entry location used to provide vascular access for the procedure.
Perforation	Indicates for the treated segment if a perforation occurred during the procedure.
Pre-stenosis	Indicates the % of most severe pre-procedure stenosis assessed. This does not include collateral circulation.
Pseudoaneurysm	Indicates whether a pseudoaneurysm occurred at the site of percutaneous entry during the procedure or after the laboratory visit but before any subsequent laboratory visits. This does not account for pseudoaneurysms noted after discharge. Pseudoaneurysm is defined as the occurrence of a disruption and dilation of the arterial wall without identification of the arterial wall layers at the site of the catheter entry, as demonstrated by arteriography or ultrasound.
Smoking status	Indicates if the patient has a history confirming any form of tobacco use in the past. This includes use of cigarettes/cigars/pipes/tobacco chewing.
Status - Elective	PCI performed in patient with stable CAD either planned/staged PCI following coronary angiogram done earlier or PCI performed during the time of angiogram (ad-hoc).
Status - NSTEMI/UA	PCI for patients admitted with NSTEMI/UA.
Status - STEMI	PCI for patient admitted with STEMI following different treatment strategies.
TIA/Stroke	Indicates if the patient experienced a Cerebrovascular Accident (CVA) noted during the cath lab visit or after lab visit until discharge (or before any subsequent lab visits), as documented by CT/MRI confirmation.
Time of first balloon inflation/stent/aspiration	Indicates the time of the intracoronary treatment device deployment.
TIMI flow (Post)	Indicates the post-procedure TIMI flow down the treated vessel.
TIMI flow (Pre)	Indicates the pre-procedure TIMI flow down the treated vessel.
Vascular perforation	Perforation of the peripheral vessel where the catheter/sheath/wire is being tracked.