

WOUTER

As an interventional cardiologist, I think you should not only do the procedure well-- I like doing the procedure, because that's how I'm an interventional cardiologist for-- but you should also look at the complete patients. And that's why I always insist that you do not only look at the patient. You do not only look at that single stenosis or the multiple stenoses.

JUKEMA:

You should dilate. You should look at the complete picture. How does the atherosclerosis of this patient look like? Is it diffuse disease? Does he have multiple stenoses, proximal as well as distal?

And before you do the procedure, you should look at the charts of the patient. What is the medication he's on? What are his lab values? And that is important, because I do think, as an interventional cardiologist, you should not only take care of the lesion, you should take care of the entire patient. And you do that by looking at his complete picture.

So we all know now that many interventional cardiologists not only look at the lesion, but also at the medication the patient should receive afterwards. Mostly it is restricted now to anti-platelet medication. Should he be on more anti-platelet medication? That is very important, but I truly feel that we should do the same for his lipid modification.

You should look at the patient, look at his coronary angio, look at his other risk factors, and say OK, this patient is on reasonable treatment-- nevertheless, I saw him again in my cath lab. Look at the lesions. Look, I can treat this one, but atherosclerosis is not treated by stents. That's only for the small portion where it's really, really narrow. The rest of the atherosclerosis, you have to treat by medication.

It's really important that you see if this patient has diffused atherosclerosis, aggressive atherosclerosis-- he comes back over and over again. If he has too-high LDL, it's obvious that you should treat him more aggressively. But even if this type of patient has already a reasonable LDL-- let's say about 80 or 70-- then still you should think, OK, but this is a frequent flyer patient, probably. He has diffused atherosclerosis. Probably this is the type of patient we should treat more aggressively, not only with more stents, perhaps with more anti-platelet therapy, but certainly with anti-atherosclerotic agents, because that's the disease they suffer from.

So I think for these type of patients, look at the whole patients. Look at his angio. Look at his medication, and not only on the anti-platelet medication, but also what is his lipid profile? And what can we do better for this patient?