

Factsheet: Greater provision of angioplasty following ST-elevated Myocardial Infarction (STEMI) and reduced door to balloon times

All figures per year	England	Per 100,000	Comments
Potential lives saved from intervention	155	0.29	Calculation based on CVD strategy
Potential lives saved U75	110	0.21	
Reduction in potential years of life lost (u75)	2,100	1.15	Definition of deaths used in the calculation: Deaths with a primary cause of myocardial infarction (ICD10 codes, I21-I22) Assumptions: That the distribution of deaths for non-STEMI is the same as that for acute myocardial infarction
Cost (£)	-	16,200	Calculation based on CVD strategy
Cost-saving (£)	-	0	
Net cost (£)	-	16,200	
Strength of evidence			1

In England in 2011/12, 92 percent of STEMI patients eligible for primary angioplasty were treated within 90 minutes of arrival at a heart attack centre.¹

Implementation of [the NICE guidelines 167 and 172](#) in all cardiac centres would speed up the process between "door to balloon time" and reduce variation in care processes for patients following a heart attack. Evidence suggests there is a clear relationship between speed of reopening an artery following a heart attack and muscle damage. Improved mortality rate comes from reducing variation in performance.

No cost savings have currently been estimated, but we would expect there to be savings in terms of reduced bed days, reduced disability and reduced frequency of recurrence of heart attack. The '[Treatment of Heart Attack National Guidance – Final Report of the National Infarct Angioplasty Project \(NIAP\)](#)' in 2008 found primary angioplasty to be clinically effective and cost effective when delivered within 120 minutes of patient call for professional help.

¹ Myocardial Ischemia national Audit Project (2012) *Annual Public Report April 2011 – March 2012* [pdf]. Available from: <http://www.ucl.ac.uk/nicor/audits/minap/publicreports/pdfs/minap2012publicreportlowres> [Accessed November 2013]