



*We recognise that in the interventional cardiology setting you may be treating more complex and vulnerable patients - requiring careful choice of contrast media to help achieve **the best possible outcomes and high patient satisfaction***

PREPARED TO PROTECT



ISOSMOLAR
VISIPAQUE™
(IODIXANOL)

The only isosmolar contrast agent available – indicated for use in cardiac interventional procedures in a variety of clinical settings^{1,2}

Isosmolar Visipaque: Helping support your vulnerable patients

- Improving safety and outcomes are at the center of healthcare delivery³
- Choice of contrast for vulnerable patients with risk factors, such as CKD and diabetes, for CI-AKI is crucial⁴
- Isosmolar contrast agents are indicated for the highest risk patients⁴

Calculate estimated glomerular filtration rate (eGFR)
Assess Contrast-Induced Acute Kidney Injury (CI-AKI) risk



eGFR < 30 ml/min/1.73 m²

Throughout:

- Good clinical practice as for eGFR > 60 ml/min/1.73 m²
- Other strategies as for eGFR 30-59 ml/min/1.73 m²

Before procedure:

- Consider hospital admission
- Nephrology consultation
- Dialysis planning*
- Same intravenous volume management as for eGFR 30-59 ml/min/1.73 m²

Before procedure:

- Isosmolar contrast (iodixanol)

Post procedure:

- Measure renal damage markers and daily serum creatinine



eGFR 30-59 ml/min/1.73 m²

Throughout:

- Good clinical practice as for eGFR > 60 ml/min/1.73 m²

Before procedure:

- Ensure statin use
- **Pre-procedure IV volume expansion ****

Before procedure:

- LVEDP-guided intraprocedure +4 hours post-procedure isotonic crystalloid management
- Low-osmolar contrast
- **Isosmolar contrast (iodixanol) if ACS, CKD=DM, HF, TAVI**
- **As low as reasonably achievable contrast volume**

Post procedure:

- Ensure statin use



eGFR ≥ 60 ml/min/1.73 m²

Throughout:

- Good clinical practice: Discontinue metformin and other nephrotoxic drugs where appropriate

Adapted from McCullough 2016⁴

* Plans should be made in case CI-AKI occurs and dialysis is required.

** IV isotonic crystalloid 3 ml/kg/h for 1 h before.
Initial LVEDP-guided crystalloid:
<13 mm Hg / 5 ml/kg/h 4 h;
13 to 18 mm Hg / 3 ml/kg/h 4 h;
>18 mm Hg / 1.5 ml/kg/h 4 h.
Renal damage markers: IGFBP-7*TIMP2 (NephroCheck), NGAL, L-FABP

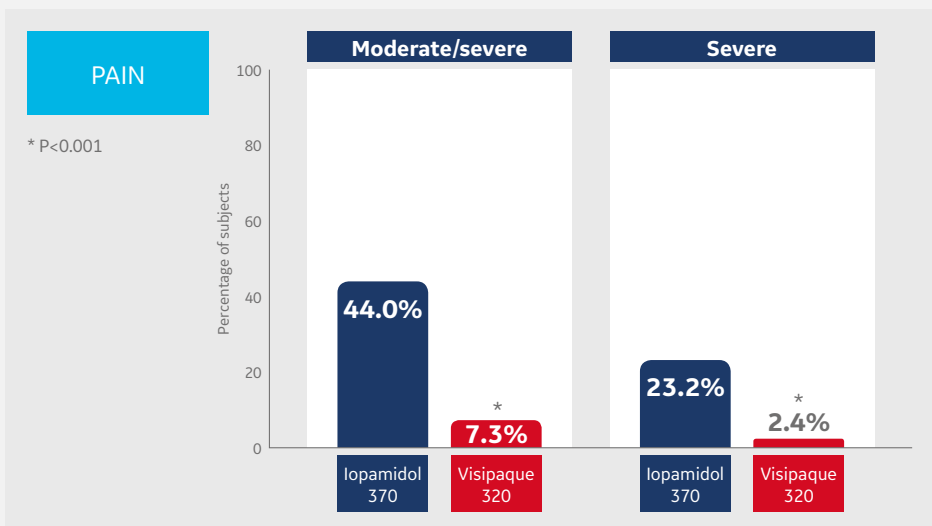
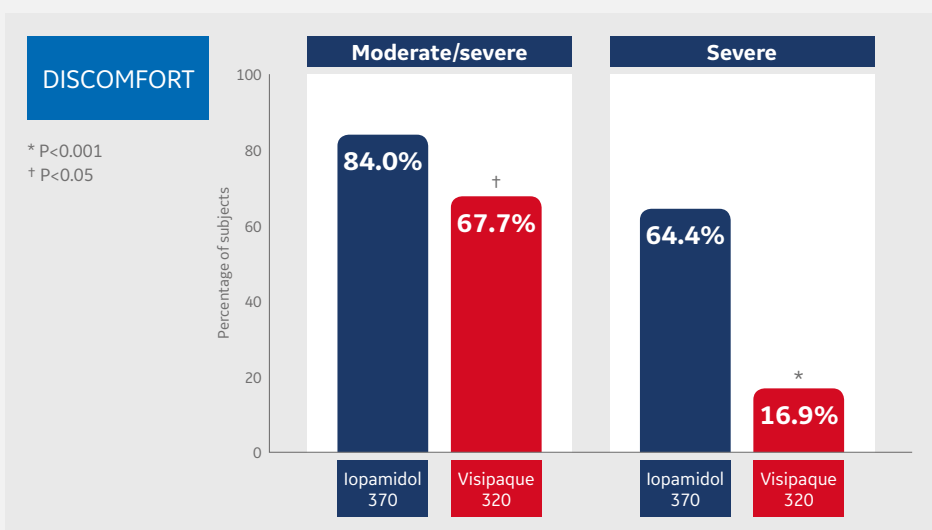
ACS: acute coronary syndromes
CI-AKI: contrast-induced acute kidney injury
CKD: chronic kidney disease
CT: computed tomography
DM: diabetes mellitus
eGFR: estimated glomerular filtration rate
HF: heart failure
IGFBP-7*TIMP2: insulin-like growth factor binding protein-7 concentration multiplied by tissue inhibitor of metalloproteinase-2 concentration

IV: intravenous
L-FABP: L-type fatty-acid binding protein
LVEDP: left ventricular end-diastolic pressure
NGAL: neutrophil-associated lipocalin
TAVI: transcatheter aortic valve implantation

Isosmolar Visipaque: Helping lessen patient pain and discomfort

<3% Visipaque patients experienced severe pain during the diagnostic phase of the exam versus **>23% iopamidol patients**⁵

Percentage of patients who experienced moderate/severe and severe discomfort or pain during the diagnostic phase



Adapted from Rosenberg 2017⁵

- Pain and discomfort can potentially lead to movement and motion artefacts⁵
- Visipaque use results in good to excellent image quality⁵

Prospective, double-blind, randomized, multicenter study in 253 patients undergoing peripheral arteriography. Patients receiving Visipaque experienced significantly less severe discomfort (16.9% vs 64.4%; p <.001), heat (15.3% vs 36.8%; p <.001), and pain (2.4% vs 23.2%; p <.001) for all contrast injections, versus patients who received iopamidol.

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[Local Prescribing Information to be inserted here]

References:

1. Davidson C *et al.* *Am J Cardiol* 2006; 98[suppl]: 42K–58K.
2. Visipaque Summary of Product Characteristics (UK), December 2018.
3. Berwick DM *et al.* *Health Affairs* 2008; 27; 759–69.
4. McCullough PA *et al.* *J Am Coll Cardiol* 2016; 68: 1465–73.
5. Rosenberg C *et al.* *J Invasive Cardiol* 2017; 29: 9–15.

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