

# National Intervention Council

## Cardiological Society of India



### Registry Proforma for Coronary, Non-Coronary & Peripheral Interventions

Period  
**January 1st 2024 to December 31<sup>st</sup> 2024**

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**Mr. Sadashiv: +91-90999-03149**

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**Last Date of Submission:**

**15<sup>th</sup> March 2025**

To find centre ID visit on : [https://www.scgx.in/nic\\_cid](https://www.scgx.in/nic_cid)

**Registry Proforma for Coronary, Non-Coronary, Peripheral, Paediatric & EP Interventions  
January 1<sup>st</sup>, 2024 to December 31<sup>st</sup>, 2024**

| <b>CENTRE DETAILS</b>  |                                    |   |  |
|--|------------------------------------|---|--|
| Centre Identification Number   |                                    | To find centre ID visit on :<br><a href="https://www.scgx.in/nic_cid">https://www.scgx.in/nic_cid</a> |  |
| Name of Centre   |                                    |   |  |
| NABH / JCI Accreditation   | NABH: _____ JCI: _____ NONE: _____ |   |  |
| Address  |                                    |   |  |
| City & State   |                                    |   |  |
| Name of HOD / Director, Cath Lab   |                                    |   |  |
| Contact Phone  |                                    |   |  |
| Contact Email  |                                    |   |  |
| Is your centre recognised for DM/DrNB/FNB Course in Cardiology?  | Yes / No                           | If Yes, No. of Seats  | DM: _____<br>DrNB: _____<br>FNB: _____ |
| <b>OPERATOR NAMES</b>  |                                    |   |  |
| List the names of all interventional cardiologists and radiologists who have performed any interventional procedure at your centre | Mobile Number                      | Email   |  |
|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |
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|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |
| Note: Add another sheet for name of operators, if you have more operators.   |                                    |   |  |
| Group practices / Solo Practices   |                                    |   | Yes / No                               |
| Does your Centre have a "Heart Team Approach"  |                                    |   | Yes / No                               |
| Total number of men and women interventional Cardiologists at your hospital  |                                    |   | Men : _____<br>Women: _____            |
| Total number of CTVS Surgeons attached to your hospital  |                                    |   |  |
| <b>CENTRE FACILITIES DETAILS</b>   |                                    |   |  |
| No. of Cath Labs in the centre   |                                    |   |  |
| Make of Cath Lab Equipment's   |                                    |   |  |
| Make of IVUS Equipment (If available)  |                                    |   |  |
| Make of OCT Equipment (If available)   |                                    |   |  |
| Hybrid Cath-Lab (Yes / No)   |                                    |   | Yes / No                               |
| Surgical Standby onsite is available   |                                    |   | Yes / No                               |
| PAMI facilities 24 x 7 is available  |                                    |   | Yes / No                               |

**Registry Proforma for Coronary, Non-Coronary, Peripheral, Paediatric & EP Interventions  
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| <b>SUMMARY OF PROCEDURES</b>   | <b>Numbers</b> |
|--|----------------|
| Total Procedures Performed in the Centre (all procedures performed in Cathlab) |                |
| Total Coronary Angiogram   |                |
| Total Coronary Angioplasty (Including Primary)                                 |                |
| Total AMI Patients admitted at your centre in the year                         |                |
| Total Primary PCI (Including Rescue PCI)                                       |                |
| Total Peripheral Angioplasty   |                |
| Total Valvuloplasty (BMV,BAV & BPV)  |                |
| Total TAVR / TAVI  |                |
| Total Adult Structural Devices (ASD, VSD & PDA)                                |                |
| Total Septal ablation for HOCM   |                |
| Total PFO Closures   |                |
| Total Other Interventions  |                |
| <b>PCI PATIENTS</b>  | <b>Numbers</b> |
| Total number of PCI for Male Patients  |                |
| Total number of PCI for Female Patients  |                |
| Total number of PCI for Patients Age less than 40 Years (< 40 Yrs)             |                |
| Total number of PCI for Patient Age 40 Years to 70 Years (40 to 70 Yrs)        |                |
| Total number of PCI for Patient Age more than 70 Years (> 70 Yrs)              |                |
| Total number of PCI for Patient with <b>No Insurance</b>                       |                |
| Total number of PCI for Patient with <b>Private Insurance</b>                  |                |
| Total number of PCI for Patient with <b>Government Insurance</b>               |                |
| Government Insurance Bifurcation Scheme wise                                   |                |
| Ayushman Bharat Health Scheme  |                |
| Central Government Health Schemes  |                |
| ECHS   |                |
| ESIC   |                |
| State Government Health Schemes  |                |
| Others   |                |
| <b>HISTORY &amp; RISK FACTORS (IN PATIENTS UNDERGOING PCI)</b>                 | <b>Numbers</b> |
| Hypertension   |                |
| Diabetes Mellitus  |                |
| Dyslipidaemia  |                |
| Family History of Premature CAD  |                |
| Prior MI   |                |
| Prior PCI  |                |
| Prior CABG   |                |
| Cerebrovascular Disease  |                |
| Peripheral Arterial Disease  |                |
| Chronic Lung Disease   |                |
| Smoking  |                |
| <b>ROUTE OF PCI</b>  | <b>Numbers</b> |
| Radial   |                |
| Femoral  |                |
| Ulnar  |                |
| Others   |                |

**Registry Proforma for Coronary, Non-Coronary, Peripheral, Paediatric & EP Interventions  
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| <b>INDICATIONS FOR PCI</b>  | <b>Numbers</b> |
|---|----------------|
| PCI for Primary PCI   |                |
| PCI for Post MI (After 24 Hours of onset of chest pain)                   |                |
| Rescue PCI  |                |
| PCI in NSTEMI   |                |
| PCI for Unstable Angina   |                |
| PCI for Cardiogenic Shock   |                |
| PCI for Chronic Stable Angina   |                |
| Of all PCI cases: total needing <b>Emergency CABG</b>                     |                |
| <b>CATH RESOURCE UTILIZATION</b>  | <b>Numbers</b> |
| Total number of Coronary Angiogram:                                       |                |
| Total number of angiograms done on Day Care basis:                        |                |
| Does your centre have day care PCI facilities:                            | Yes / No       |
| Total number of Robotic PCI   |                |
| Total number of DIAGNOSTIC Caths  |                |
| Total number of IVUS use  |                |
| Total number of OCT use   |                |
| Total number of Rota use  |                |
| Total number of Orbital Atherectomy use                                   |                |
| Total number of IVL use   |                |
| Total number of ELCA use  |                |
| Total number of Thromboaspiration device use in Primary PCI               |                |
| Use of Penembra in HTB case   |                |
| I.C. Thrombolysis in HTB case   |                |
| Total number of Distal Protection Device use                              |                |
| Total No patients where FFR is Performed                                  |                |
| Total No patients where RFR is Performed                                  |                |
| Total No patients where IFR is Performed                                  |                |
| Total No patients where IABP used   |                |
| Total No patients where ECMO used   |                |
| Total No patients where IMPELLA used                                      |                |
| <b>INTERVENTIONAL PROCEDURES</b>  |                |
| Total number of <b>Balloon only Procedures</b> (POBA)                     |                |
| Total number of Procedures using only <b>Bare Metal Stents</b>            |                |
| Total number of Procedures in which <b>Drug eluting stents</b> were used  |                |
| Total number of Procedures in which <b>Drug eluting Balloon</b> were used |                |
| Total Number of Procedures where <b>Reopro</b> was used                   |                |
| A. Total Number of Procedures where <b>Reopro</b> was used.               |                |
| B. Total Number of Procedures where <b>Eptifibatide</b> was used          |                |
| C. Total Number of Procedures where <b>Tirofiban</b> was used             |                |
| Total Number of Procedures where Bivalirudin was used                     |                |
| Total Number of Procedures where Groin closure device were used.          |                |
| Total Number of Procedures where Microcatheters were used                 |                |

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| <b>PTCA</b>  |  |
|--|--|
| Total number of Multivessel PCI  |  |
| A. Elective  |  |
| B. Primary   |  |
| Total number of PCI for LAD lesions  |  |
| Total number of PCI for RCA lesions  |  |
| Total number of PCI for LCX lesions  |  |
| Total number of PCI for CTO  |  |
| Total number of Bifurcation PCI  |  |
| Total number of Left Main PCI  |  |
| A. Primary   |  |
| B. Elective  |  |
| Total number of SVG PCI  |  |
| Total number of LIMA PCI   |  |
| Total number of PCI for In-stent restenosis                                    |  |
| Total number of PCI for Ostial lesions   |  |
| <b>LMCA PCI</b>  |  |
| Total Number of LMCA PCI   |  |
| Total Number of LMCA where IVUS is used  |  |
| Total Number of LMCA where OCT is used   |  |
| Total Number of LMCA where ROTABLATOR is used                                  |  |
| Total Number of LMCA where ORBITAL ATHERECTOMY is used                         |  |
| Total number of LMCA where ELCA is used  |  |
| Total Number of LMCA where No Imaging used                                     |  |
| Total Number of LMCA for Distal Bifurcation                                    |  |
| Total Number of LMCA where 2 Stent Technique used                              |  |
| Total Number of LMCA for Ostial & Shaft Disease                                |  |
| <b>BIFURCATION PCI TECHNIQUE</b>   |  |
| Total Number of Provisional Stenting   |  |
| Total Number of Bifurcation PCI with 2 Stent Technique                         |  |
| A. Total Number of Dual Stenting – DK-Crush Technique                          |  |
| B. Total Number of Dual Stenting – Mini-Crush Technique                        |  |
| C. Total Number of Dual Stenting – Culotte Technique                           |  |
| D. Total Number of Dual Stenting – T and Small Protrusion (TAP) Technique      |  |
| E. Total Number of Dual Stenting – Simultaneous Kissing Stents (SKS) Technique |  |
| F. Total Number of Dual Stenting – Other Technique                             |  |
| <b>CTO PCI</b>   |  |
| Total No of CTO Procedures   |  |
| Antegrade Approach – Total Nos   |  |
| Retrograde Approach – Total Nos  |  |
| Hybrid Approach – Total Nos  |  |
| No of Procedures where CTO Imaging done  |  |
| Antegrade Approach – Total No of Wires in all cases together                   |  |
| Antegrade Approach – Total No of Microcatheters in all cases together          |  |
| Antegrade Approach – Success Percentage  |  |
| Retrograde Approach – No of Wires Used in all cases together                   |  |
| Retrograde Approach – No. of Microcatheters Used in all cases together         |  |
| Retrograde Approach – Success Percentage                                       |  |



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| <b>DRUG COATED BALLOON (DCB) USE</b> |              |        |
|--------------------------------------|--------------|--------|
| Name of the Balloon                  | Company Name | Number |
|                                      |              |        |
|                                      |              |        |
|                                      |              |        |
|                                      |              |        |
|                                      |              |        |
|                                      |              |        |
|                                      |              |        |

| <b>INTRA &amp; POST PROCEDURE EVENTS (TOTAL NUMBERS)</b>          |        |
|---|--------|
| Total Number of death on table                                    |        |
| A. In Elective PCI  |        |
| B. In Primary PCI   |        |
| Number of acute stent thrombosis                                  |        |
| Number of in-hospital MI  |        |
| Number of in-hospital Deaths                                      |        |
| Number of in-hospital Deaths in Primary PCI                       |        |
| Number of Acute Kidney Injury in Total PCI                        |        |
| Number of Post Procedure Haemodialysis                            |        |
| Number of Repeat Target Vessel Revascularization                  |        |
| Number of Major Bleeding following PCI                            |        |
| A. Access site Bleeding   |        |
| B. Other Bleeding Complication                                    |        |
| Number of Coronary Perforation                                    |        |
| A. Number of patients required pericardiocentesis                 |        |
| B. Death following Coronary Perforation                           |        |
| <b>DISCHARGE MEDICATIONS</b>                                      |        |
| Write total number of patients advised below medications post PCI | Number |
| ACE Inhibitors  |        |
| ARBs  |        |
| Aspirin   |        |
| Beta Blockers   |        |
| Lipid Lowering Agents - Statins                                   |        |
| Lipid Lowering Agents – Non Statins                               |        |
| Thienopyridines - Clopidogrel                                     |        |
| IV Cangrelor  |        |
| Thienopyridines – Ticlopidine                                     |        |
| Thienopyridines - Prasugrel                                       |        |
| Thienopyridines – Ticagrelor                                      |        |
| Use of PCSK9 / Inclisiran post PCI                                |        |

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|   |  |
|---|--|
| <b>TOTAL NUMBER OF NON CORONARY INTERVENTION:</b>                           |  |
| <b>VALVE BALLOON-ONLY TREATMENT</b>   |  |
| Mitral Balloon Valvuloplasty  |  |
| Aortic Balloon Valvuloplasty  |  |
| Tricuspid Balloon Valvuloplasty   |  |
| Pulmonary Balloon Valvuloplasty   |  |
| <b>TAVR / TAVI / TRANSCATHETER VALVE REPLACEMENT / REPAIR</b>               |  |
| Aortic: Edwards valve – trans apical route                                  |  |
| Aortic: Edwards valve – transfemoral route                                  |  |
| Aortic: Core valve  |  |
| Aortic: Meril Myvalv  |  |
| Aortic: Others  |  |
| Pulmonary: Percutaneous valve replacement                                   |  |
| Percutaneous Mitral Valve Repair  |  |
| Percutaneous Tricuspid Valve Repair   |  |
| Valve in Valve (VIV) Procedures   |  |
| Combined Valve + Coronary Procedures  |  |
| <b>CLOSURE DEVICE</b>   |  |
| ASD closure   |  |
| PFO closure   |  |
| PDA closure   |  |
| VSD closure (congenital)  |  |
| Post myocardial infarction VSD closure                                      |  |
| <b>OTHER INTERVENTIONS</b>  |  |
| Alcohol septal ablation for HOCM  |  |
| Left atrial appendage occlusion device implantation                         |  |
| <b>ARTERIAL PERIPHERAL INTERVENTIONS</b>                                    |  |
| No. of Peripheral Interventions done by Interventional Cardiologist         |  |
| No. of Peripheral Interventions done by Vascular Surgeons                   |  |
| No. of Peripheral Interventions done by Radiologist                         |  |
| Total Number of Carotid Interventions                                       |  |
| Total Number of Renal interventions   |  |
| % Intervention with balloon only for renal interventions                    |  |
| Aortic coarctation (or re-coarctation)                                      |  |
| % Intervention with balloon only for aortic coarctation                     |  |
| Aortic dilatation (other than coarctation) – Takayasu Arteritis             |  |
| Aortic dilatation (other than coarctation) – Atherosclerosis                |  |
| Percutaneous graft for aortic aneurysm                                      |  |
| Pulmonary artery dilatation   |  |
| Iliac Interventions – CFA/ SFA  |  |
| Iliac Interventions – Popliteal   |  |
| Iliac Interventions – Below Knee Intervention                               |  |
| Iliac Interventions – Catheter Directed Thrombolytic Therapy / Thrombectomy |  |
| <b>VENUS PERIPHERAL INTERVENTIONS</b>                                       |  |
| DVT Interventions   |  |
| EVLT for Varicose Veins   |  |
| Intervention for Occluded Dialysis Access                                   |  |
| Interventions for Pulmonary Embolism  |  |
| IVC Filter  |  |



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| <b>PERIPHERAL INTERVENTIONS WITH ABDOMINAL AORTIC ANEURYSM</b> |                        |                                |                                      |
|--|------------------------|--------------------------------|--------------------------------------|
| <b>Anatomical Location</b>                                     | <b>Open Procedures</b> | <b>Endovascular Procedures</b> | <b>Procedures with Complications</b> |
| Abdominal  |                        |                                |                                      |
| Thoracic   |                        |                                |                                      |
| Thoracic-Abdominal   |                        |                                |                                      |
| <b>OTHER PERIPHERAL INTERVENTIONS</b>                          |                        |                                |                                      |
| RDN (Renal Denervation Therapy)                                |                        |                                |                                      |
| Others   |                        |                                |                                      |
| <b>SUMMARY OF PEDIATRIC PROCEDURES</b>                         |                        |                                |                                      |
| Angiography and catheterizations                               |                        |                                |                                      |
| Cath for Operability   |                        |                                |                                      |
| <b>Neonatal Interventions</b>                                  |                        |                                |                                      |
| BAS  |                        |                                |                                      |
| AVBD   |                        |                                |                                      |
| PVBD   |                        |                                |                                      |
| CoA dilatation   |                        |                                |                                      |
| Pulmonary valve perforations                                   |                        |                                |                                      |
| PDA stenting   |                        |                                |                                      |
| <b>Device therapies</b>  |                        |                                |                                      |
| ASD  |                        |                                |                                      |
| VSD muscular   |                        |                                |                                      |
| VSD perimembranous   |                        |                                |                                      |
| VSD residual   |                        |                                |                                      |
| PDA  |                        |                                |                                      |
| RSOV   |                        |                                |                                      |
| AP Window  |                        |                                |                                      |
| Paravalvular leak  |                        |                                |                                      |
| BT Shunt   |                        |                                |                                      |
| Large collaterals  |                        |                                |                                      |
| <b>Balloon therapies</b>                                       |                        |                                |                                      |
| AVBD (BAV)   |                        |                                |                                      |
| PVBD (BPV)   |                        |                                |                                      |
| PV perforation – PVBD  |                        |                                |                                      |
| PTMC (BMV)   |                        |                                |                                      |
| CoA dilatation   |                        |                                |                                      |
| PTA  |                        |                                |                                      |
| Renal angioplasty in children                                  |                        |                                |                                      |
| Coronary interventions in children                             |                        |                                |                                      |
| Obstructed TAPVC   |                        |                                |                                      |
| Bas in infants and older children                              |                        |                                |                                      |
| <b>Stents in Children</b>                                      |                        |                                |                                      |
| CoA stenting   |                        |                                |                                      |
| Covered stents for CoA   |                        |                                |                                      |
| PDA stenting   |                        |                                |                                      |
| Aortic stents (non CoA)  |                        |                                |                                      |
| Renal and peripheral   |                        |                                |                                      |
| Coronary stents in children                                    |                        |                                |                                      |
| Vertical vein stenting   |                        |                                |                                      |
| Collateral stenting  |                        |                                |                                      |
| Pulmonary artery stenting                                      |                        |                                |                                      |
| Atrial septal stenting   |                        |                                |                                      |

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|   |  |               |
|---|--|---------------|
| <b>TOTAL NUMBER OF CARDIAC DEVICE IMPLANTATION:</b>   |  |               |
| <b>SUMMARY OF PROCEDURES</b>                          |  |               |
| <b>Procedure</b>                                      |  | <b>Number</b> |
| Single Chamber Pacemaker                              |  |               |
| Dual Chamber Pacemaker                                |  |               |
| Hisbundle Pacing                                      |  |               |
| Leftbundle Pacing                                     |  |               |
| CRT-P   |  |               |
| CRT-D   |  |               |
| ICD   |  |               |
| Lead Extraction                                       |  |               |
| Pulse Generator Replacements                          |  |               |
| Implantable Loop Recorders                            |  |               |
| Up gradation from pacemaker to CRT                    |  |               |
| Up gradation Single chamber to Dual chamber Pacemaker |  |               |
| <b>INDICATIONS FOR DEVICE IMPLANTS:</b>               |  |               |
| Sclerodygenerative CHB                                |  |               |
| CHB-Post op   |  |               |
| Sick Sinus Syndrome                                   |  |               |
| AF with Bradycardia                                   |  |               |
| Cardio Neurogenic Syncope                             |  |               |
| Congenital CHB  |  |               |
| Others for Pacemaker implant                          |  |               |
| ICD implant in Primary Prevention                     |  |               |
| ICD Implant in Secondary prevention                   |  |               |
| <b>NAME &amp; NUMBER OF DEVICE / COMPANY</b>          |  |               |
|   |  |               |
|   |  |               |
|   |  |               |
|   |  |               |
|   |  |               |
|   |  |               |

|  |          |
|--|----------|
| <b>OTHER INFORMATION</b>   |          |
| Does your centre consent to get the data included for publication?   | Yes / No |
| What is your hospital policy regarding reuse of catheters, balloons, wires<br>(a) Single used device (SUD) | Yes / No |
| (b) Multiple use after stringent sterilization   | Yes / No |
| Do you feel that data submission will be more exhaustive if there is a special app developed for the same  | Yes / No |
| Do you feel that data submission will be more exhaustive if there is a special app developed for the same  | Yes / No |

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**Instructions:**

1. Fill all pages with complete and accurate data of procedures performed in your centre during 1st January 2024 to 31st December 2024.
2. Send your completely filled up forms by post to below address:

**Dr. Prasant Kumar Sahoo  
Chairman, National Intervention Council, CSI  
C/o. JVS Group  
A-401, Ganesh Plaza,  
Nr. Navrangpura Post Office, Navrangpura,  
Ahmedabad – 380009 (Gujarat)**

3. You can also scan the proforma and email to **[contact@nicregistry.org](mailto:contact@nicregistry.org)**.
4. If you have any questions related to the proforma of data collection, you can call Mr. Sadashiv on +91-90999-03149 and email to [contact@nicregistry.org](mailto:contact@nicregistry.org) or email.
5. Your completed proforma should reach us by 15<sup>th</sup> March, 2025 in order to include them in the registry.
6. **Operators from Centres not submitting Data will not be invited as faculty for NIC CSI Mid Term Meeting 2025.**