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IC003

Interventional Cardiology & Catheterization • Poster Presentation

CARDIAC CATHETERISATION LABORATORY PROCEDURES IN LOW- AND MIDDLE-INCOME COUNTRIES AT A GOVERNMENT HOSPITAL (LAGOS STATE UNIVERSITY TEACHING HOSPITAL [LASUTH]): A THREE-YEAR EXPERIENCE

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Background: Cardiovascular diseases are a leading cause of morbidity and mortality globally, with a disproportionate burden in low- and middle-income countries (LMICs). Limited access to cardiac catheterization services remains a major barrier to timely diagnosis and management. This study evaluated the spectrum, indications and outcomes of cardiac catheterization procedures performed at a government-owned tertiary hospital in Nigeria.

Methods: A retrospective review was conducted of all diagnostic and interventional procedures performed at the cardiac catheterization laboratory of Lagos State University Teaching Hospital, Ikeja, between July 2022 and October 2025. Patient demographics, procedure type, anaesthetic technique, indications and procedural outcomes were extracted from the catheterization laboratory register. Descriptive statistics were used for data analysis.

Results: A total of 588 procedures were performed during the study period. The mean patient age was 57.1 ± 16.6 years, with a slight male predominance (52.7%). Most procedures were performed under local anaesthesia (72.6%). The commonest procedures were inferior vena cava filter insertion (18.5%), coronary angiography (16.2%), percutaneous coronary intervention (15.8%) and permanent pacemaker implantation (14.5%). Acute coronary syndrome (30.8%), venous thromboembolism (21.6%) and arrhythmias/conduction disorders (16.2%) were the leading indications. Procedural volume increased over time, accompanied by expansion from predominantly diagnostic to therapeutic interventions. Overall procedural success was high, with only three deaths recorded.

Conclusion: Cardiac catheterization services can be safely and effectively delivered in a government-owned tertiary hospital in an LMIC. Continued investment in catheterization laboratory infrastructure and workforce development is essential to improve access to advanced cardiovascular care across resource-limited settings.

Keywords: Acute coronary syndrome, cardiac catheterisation, developing countries, inferior vena cava filter, Nigeria, percutaneous coronary intervention, public hospital, venous thromboembolism