The results of the Registry of the Working Group on Cardiac Catheterization and Interventional Cardiology of the Spanish Society of Cardiology for 2003 are presented. Data were obtained from 112 centers representing nearly all cardiac catheterization laboratories in Spain; 104 centers performed mainly adult catheterization and 8 carried out pediatric procedures only.

In 2003, 105,939 diagnostic catheterization procedures were performed, including 90,939 coronary angiograms, representing a total increase of 8.5% in comparison to 2002. The population-adjusted rate was 2,171 coronary angiograms per 106 inhabitants.

Coronary interventions increased by 14.4% in comparison to 2002, with a total of 40,584 procedures and a rate of 969 per 106 inhabitants. Coronary stents were used in 92.5% of the procedures (47,249 units implanted, for a total increase of 22% in comparison to 2002). About one fifth (20.2%) of the implanted stents were drug-eluting stents (11,699 units). A total of 6,080 percutaneous coronary interventions were done in patients with acute myocardial infarction, representing an increase of 27.5% in comparison to 2002, and accounting for 14.9% of all interventional procedures.

Of the noncoronary interventions recorded, we note the increase in percutaneous mitral valvuloplasties (21.6%) and atrial septal defect closures (86%), and also the increase in pediatric interventions (13.3%). In conclusion, we emphasize the high rate of reporting by laboratories, which allows the Registry to compile data that are highly representative of the activity at cardiac catheterization laboratories in Spain.

**Key words:** Health registries. Coronary angiography. Coronary angioplasty. Stent. Cardiac catheterization.
INTRODUCTION

Health registries are an invaluable source of information on actual clinical practice. Clinical trials allow evidence-based guidelines for clinical procedures to be drawn up, but the data from registries are what provide an indication of the actual results of application of these guidelines in real clinical practice. The findings of such registries help orient interventions towards improvement of health care in its many facets such as investigation, prevention, treatment and distribution of resources. Since 1992, the Working Group on Catheterization and Interventional Cardiology of the Spanish Society of Cardiology has endeavored to investigate the activity carried out in Spain, in both the public and private sector. These findings are presented in an official report. As in previous years, this 13th report published in Revista Española de Cardiología presents data from almost all Spanish hospitals and so can be considered a reference that truly reflects activity in Spain.

MATERIAL AND METHOD

Data for the Registry were collected using a questionnaire (Annex 1) sent to all cardiac catheterization laboratories in Spain. This questionnaire underwent some changes from previous years and could be filled out either on paper or electronically as a file saved on a disk or on-line at the web page of the Working Group. The company Izasa collaborated in both the distribution and the collection of questionnaires, and the board of the Working Group were responsible for data analysis and for publishing this article. The population data used for the different calculations of rates per million inhabitants, both for the whole of Spain and for each autonomous region, were obtained from the 2003 estimate of the National Statistics Institute (http://www.ine.es). The Spanish population in 2003 was taken to be 41,874,277 inhabitants.

RESULTS

Infrastructure and Resources

The present Registry comprised 112 hospitals (Annex 2) representing all public centers and 93% of the private ones with cardiac catheterization activity in 2003. Of these centers, 104 admitted mostly adult patients, 16 admitted both adults and children, and 8 hospitals treated children only.

Adult Hospitals

The 104 adult centers had a total of 139 cardiac catheterization laboratories, of which 124 (89%) were digital. There were therefore 2.48 centers and 3.32 laboratories per million inhabitants. Thirty-five centers had 2 or more cardiac catheterization laboratories, and 78% of the centers had some sort of automated coronary analysis system. Forty-one centers were private hospitals (39.4%) and the remaining 63 (61.6%) belonged to the Spanish National Health Service. Diagnostic and interventional procedures were undertaken by 98% of the hospitals, whereas 2% were dedicated exclusively to diagnostic procedures. A 24-hour emergency team was on call in 59% of the hospitals (65% of the public ones and 51% of the private ones). Cardiac surgery was performed in 75% of the centers (78 hospitals). Coronary interventions were undertaken in 24 hospitals which did not perform cardiac surgery. The total number of specialists was 298 (2.98 per center, corresponding to 7.11 specialists per million inhabitants—still lower than the 8 specialists per million inhabitants in the latest figures published by the European registry in 1995). There were 362 nurses, corresponding to a mean of 4.3 per hospital (2.9 per laboratory in the public sector) and 86 radiology technicians, corresponding to a mean of 3.3 per laboratory (2.9 per laboratory in the public sector).

Pediatric Hospitals

Eight hospitals, with 9 laboratories (7 of which were digital), admitted children only. All of these undertook interventional procedures and 7 (87%) had a 24-hour emergency team on call. The staff comprised 19 specialists (2.4 per hospital) and 22 nurses (2.8 per hospital).

Diagnostic Activity

A total of 105,939 diagnostic catheterization procedures were undertaken in Spain in 2003—8.5% more than in 2002. Of these procedures, 90,939 were coronary angiograms—representing an increase of 8.6%. A total of 2171 coronary angiograms were performed per million inhabitants, a similar number to Greece, Portugal, and Hungary and well below the number of procedures in countries such as Germany (7462/million inhabitants), Austria (4800/million inhabitants), or France (3935/million inhabitants) according to the latest European Registry published in 2001. Figure 1 shows the distribution of diagnostic procedures in 2003.
and how this distribution has changed since 1993. Apart from the increase in coronary angiograms, the tendency towards a decrease in the number of diagnostic procedures in patients with valve disease was inverted and increased 11% between 2002 and 2003.

The radial approach was used in 10,359 procedures (9.8%)—an increase of 101% with respect to the previous year. Percutaneous vessel closure devices (for both diagnostic and therapeutic procedures) were used in 20,553 patients (an increase of 43.2% compared to 2002), 11,524 with collagen (an increase of 56% compared to 2002) and 6,868 with suture (an increase of 33.4% compared to 2002).

Forty-four hospitals (42.3%) performed more than 1,000 coronary angiograms per year and 9 of these (8.7%) performed more than 2,000. In contrast, 40 hospitals (38.5%) performed fewer than 500 coronary angiograms per year (Figure 2), but only 5 of these were in the public sector (9.5%). Thus, 1,018 procedures were carried out per center and 762 per laboratory—fewer than the European average of 1,019 procedures per laboratory for 2001. The number of coronary angiographs per center was 874, that is slightly higher than in 2002 but still lower than the already outdated number from 1997 for most countries of western Europe and the 934 coronary angiograms reported per centre in the 1999 European Registry. It is of note that private hospitals performed 345 coronary angiograms per center, whereas public ones carried out 1,241 coronary angiograms per center.

The trend in recent years towards a lower rate of increase in diagnostic procedures disappeared in 2003. The increase in the number of diagnostic procedures was due not just to more coronary angiograms but to more interventions in all four subgroups into which these procedures were divided.

The number of coronary angiograms per million inhabitants continued to vary greatly from one Spanish
autonomous region to another in 2003. The breakdown according to autonomous region is presented in Figure 3.

Among intracoronary diagnostic procedures, use of intravascular ultrasound increased substantially—2143 procedures were performed, corresponding to an increase of 25% compared to 2002. The number of procedures with coronary pressure wires showed a small decrease of 17% compared to 2002, with 1128 procedures being performed. The use of coronary Doppler flow wires was similar to previous years (113 patients).

**Coronary Interventions**

In 2003, Spanish hospitals performed 40,584 percutaneous coronary interventions (PCI), an increase of 14.4% compared to the previous year. Thus, 969 PCI were done per million inhabitants (Figure 4). This is similar to the average reported by the European Registry corresponding to 2001 (990 angioplasties per million inhabitants), but lower than the number for leading countries for PCI at the time of the registry such as (in decreasing order) Germany, Belgium, Austria, Switzerland, Island, France, Luxembourg, the Netherlands, Czech Republic, Denmark, Italy, and Sweden, all of which exceeded 1000 PCI per million inhabitants. The average number of interventions per hospital with PCI activity was 398, with 296 per laboratory and 136 per operator. The European mean for PCI per cardiac catheterization laboratory was 325 in 2001. The mean PCI per hospital was 142 in private hospitals and 570 in those in the public sector.

The percentage of PCI per coronary angiogram was 44.6% in 2003 (compared to 41% in 2002)—a higher percentage than the European average for 2001 (33%). At least one restenotic lesion was treated during the intervention in 6% of the patients. In 2003, 11,173 multivessel PCI were performed, corresponding to 28% of all PCI, the same percentage as in 2002. Likewise, no differences were observed with respect to 2002 for percentage of interventions performed during diagnosis (30,702 procedures, 76%). The European average for PCI at the same time as the diagnostic procedure was 52% in 2001.

Radial approach was used for PCI in 5,331 patients (13.1%)—141% more than in 2002. Grafts accounted for 1160 PCI; of these, 85.7% were saphenous veins grafts and the remaining procedures (14.3%) were mammary artery grafts. A total of 781 PCI were performed in the left anterior descending artery, which was protected in 31% of patients.

Figure 5 shows the number of centers according to number of PCI. As in previous years, many hospitals (55%) perform fewer than 400 PCI a year and some
even perform fewer than 200 PCI per year (37%). Seven hospitals performed more than 1000 PCI in 2003. Figure 6 shows the number of PCI per million inhabitants in the different autonomous regions in Spain; the differences reflect those already observed for diagnostic procedures. We should point out that, as with coronary angiograms, some autonomous regions show a high percentage of PCI because their hospitals treat patients from neighboring regions.

Glycoprotein IIb-IIIa inhibitors were used as adjuvant pharmacological therapy in 12,804 procedures, corresponding to both an absolute increase (28.4%) and a relative increase compared to 2002 (31.6% of interventions in 2003 vs 28.7% in 2002). Use of glycoprotein IIb-IIIa inhibitors in interventions ranged from 0% to 83% among the different hospitals. Intraaortic balloon counterpulsation was used in 664 patients and percutaneous extracorporeal circulation in 4 patients.

Overall results for coronary intervention were similar to previous years—the success rate was 94.7%. Failures without complications were reported in 3.2% interventions and failures with complications in 2.1%. Complications caused death in 0.9% of the interventions and acute myocardial infarction (AMI) in 1.1%, and 0.1% required emergency surgery.

**Interventions in Acute Myocardial Infarctions**

A total of 6080 PCI were done in patients with acute myocardial infarction, representing an increase of 27.5% compared to 2002, and accounting for 14.9% of all interventional procedures (Figure 7). Of these, 64.1% were primary PCI (59.2% in 2002), 26.2% rescue procedures (30% in 2002), and 9.7% facilitated procedures (10.8% in 2002) (Figure 8).

Spanish hospitals undertook 3900 primary PCI, representing an increase of 38.2% with respect to 2002 and a substantial percentage share of all types of PCI. Data on the number of AMI that met criteria for reperfusion treatment are limited, but the number of PCI in patients with AMI remains low compared to the more than 40,000 patients thought to have been
admitted to hospital with AMI in Spain. Eighty-one centers carried out PCI in patients with AMI. The average number of interventions per center was 75, but variability was high (Figure 9)—17 centers performed more than 100 PCI during AMI and 38% of centers carried out less than 50 (slightly less than the 59% of centers that performed fewer than 50 PCI during acute AMI in 2002).

Figure 10 shows the number of PCI done in patients with acute myocardial infarction per million inhabitants by autonomous region. A total of 605 PCI were undertaken during cardiogenic shock, corresponding to 12.7% of all cases of AMI.

**Stents**

As in previous years, stents were used in almost all procedures. Overall, 37,559 stent procedures were undertaken, that is, 92.5% of all interventions. The ratio of stents per procedure was 1.53 (compared to 1.48 in 2002) and the number of stents implanted was 57,778, of which 11,699 were drug-eluting stents, corresponding to 20.24% of all stents implanted. The difference in percentage use of drug-eluting stents varied greatly (from 44.1% to 9.8%) according to Spanish autonomous region (Figure 11).

Finally, direct stenting, that is, without balloon predilatation, was done in 21,262 procedures, corresponding to 42.7% of all stent placements. Stents without predilatation were used in 30.8% of all stent procedures, a percentage notably lower than the 43.2% reported for 2002. The decrease in direct stenting could be partly explained by the introduction of drug-eluting stents. Table 1 shows the number of stents implanted over recent years.

**Other Percutaneous Intervventional Devices**

Directional atherectomy almost disappeared in 2003—only 3 procedures were done in 3 centers. Rotational atherectomy was done in 349 patients in 26 centers, a reduction in use of 23% compared to 2002 (Table 2).

Among the other PCI devices, of note was the increased use of cutting balloons—used in 1079 patients (an increase), thrombus aspiration techniques—used in 743 procedures (an increase of 49%), and distal embolization protection devices—used in 200 patients (the same number as in 2002). Alcohol-induced septal branch occlusion was undertaken in 21 patients and
fistula embolization in 11 patients. Finally, there was a marked decrease of 41% in brachytherapy with beta radiation during 2003 (performed in 71 patients) compared to 2002 (performed in 120 patients). Seventy-nine restenotic lesions and 3 de novo lesions were treated, all successfully and without complications.

**Noncoronary Interventions in Adults**

During 2003, 463 valvuloplasties were undertaken in adults in 53 centers—an increase of 17% compared to 2002. A large part of this increase was due to the increase in mitral valvuloplasties (which increased from 356 to 433—an increase of 21.6% [Figure 12]). In addition, 9 aortic valvuloplasties and 21 pulmonary valvuloplasties were performed.

Percutaneous devices were used to close atrial septal defects in 266 patients—an 86% increase compared to the previous year. Interventions were successful in 91.3% of the patients, failed without complications in 7.9% and failed with complications in 0.8% of the patients. Further 58 procedures were performed in adult patients with congenital heart disease. Other noncoronary percutaneous interventions included treatment of 48 renal arteries, 20 aortic coarctations, 6 abdominal aortic aneurysms, 17 thoracic aortic aneurysms, and 54 percutaneous myocardial stem cell implantations.

**Interventions in Pediatric Patients**

A total of 1108 interventional procedures were done in children in 21 centers—an increase of 13.3%
compared to 2002. These included 364 dilatations, 133 closures of atrial septal defects, and 183 ductal closures. Figure 13 shows the most frequent procedures.

**TABLE 1. Implantation of Coronary Stents (1996-2003)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers, n</td>
<td>66</td>
<td>69</td>
<td>70</td>
<td>80</td>
<td>87</td>
<td>94</td>
<td>93</td>
<td>102</td>
</tr>
<tr>
<td>Procedures, n</td>
<td>3418</td>
<td>7104</td>
<td>14497</td>
<td>17783</td>
<td>22580</td>
<td>27586</td>
<td>31871</td>
<td>37559</td>
</tr>
<tr>
<td>Units implanted, n</td>
<td>8873</td>
<td>14170</td>
<td>19378</td>
<td>22946</td>
<td>29504</td>
<td>39356</td>
<td>47249</td>
<td>57778</td>
</tr>
<tr>
<td>Stents/procedure, n</td>
<td>1.26</td>
<td>1.24</td>
<td>1.34</td>
<td>1.3</td>
<td>1.3</td>
<td>1.43</td>
<td>1.48</td>
<td>1.53</td>
</tr>
<tr>
<td>Patients with stents/total PCI, n</td>
<td>27.6</td>
<td>47.3</td>
<td>61.5</td>
<td>71.9</td>
<td>77.3</td>
<td>88.1</td>
<td>91.7</td>
<td>92.5</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**

One of the most important tasks of the Working Group on Catheterization and Interventional Cardiology of the Spanish Society of Cardiology is to compile
and publish the Annual Registry of Cardiac Catheterization and Coronary Interventions. Both the board and the members of the Working Group consider that it is crucially important for health professionals, health authorities and the general public to be aware of the findings of this registry of activity. The findings of this registry provide a close approximation to the clinical reality of this important aspect of cardiovascular disease management and may help to better assign health resources in this field. During 2003, an increase was seen not just in the absolute diagnostic and therapeutic activity during infarction, but also in the ratio of PCI to coronary angiography and the ratio of PCI in AMI to general PCI. In 2003, the ratio of PCI to coronary angiography and the percentage of PCI performed during the diagnostic procedure—already high compared to other European countries in previous years—have increased. Even so, the resources available, and the diagnostic procedures and interventions undertaken, are clearly lower than the most advanced European countries. Although the differences with some European countries are noteworthy, more striking still are the contrasts in both diagnostic activity and in different therapeutic interventions among autonomous regions of Spain. Despite the efforts to ensure equal health care coverage throughout the country, some autonomous regions still have figures for coronary angiography, interventions and interventions during AMI that are clearly below the average for the rest of Spain.

Coronary stenting accounted for 92.5% of the procedures. Only 20.4% of the implanted stents were of the drug-eluting type, perhaps because this was the first year in which such devices were available in Spain. The percentage use ranged from 44.1% to 9.8% among the different autonomous regions. Use of atherectomy has continued to decline, and directional atherectomy has almost disappeared in Spain. In contrast, thrombectomy has increased substantially for the second year running, with a percentage decrease in distal embolization protection devices.

Finally, an increase in the number of both mitral valvuloplasties and of percutaneous closure of atrial septal defects was seen. Intervventional activity in pediatric patients increased by 13.3%.

REFERENCES

## ANNEX 1. Questionnaire for the Registry of Activity of the Working Group on Cardiac Catheterization and Interventional Cardiology-2003

### 1. DEMOGRAPHIC DATA
- **Hospital:**  
- **Address:**  
- **Zip code:**  
- **Province:**  
- **Telephone:**  
- **Extension:**  
- **Fax:**  
- **E-mail:**  
- **Contact physician (responsible for the data):**

### 2. LABORATORY DATA
- **Number of laboratories:**
  - Conventional:
  - Digital:
- **Number of staff physicians:**
- **Number of staff physicians who do PCI:**
- **Number of nurses:**
- **Number of radiology technicians:**  
- **24-hour emergency service:**  
- **Cardiovascular surgery available at the center:**  
- **Activity database available:**

### 3. DIAGNOSTIC ACTIVITY:
- **Total number of diagnostic procedures**
- **Number of coronary angiograms:**
- **Number of studies in patients with valve disease:**
- **Number of endomyocardial biopsies:**
- **Number of adults with congenital disease:**
- **Number of pediatric patients:**
- **Number of endomyocardial biopsies:**
- **Other:**
- **Number of procedures with radial approach:**

The combination of left and right cardiac catheterization is considered as a single procedure regardless of whether it is accompanied by a coronary angiogram. A complete study in a patient with valve disease who also has a coronary angiogram is considered a single study in a patient with valve disease. A coronary angiogram alone in a patient with valve disease is to be counted as a coronary angiogram. A biopsy in a patient with a coronary angiogram is a single procedure and should be counted as a biopsy so as not to interfere with the ratio of coronary angiograms to PCI.

### 4. OTHER DIAGNOSTIC CORONARY STUDIES
- **Quantitative coronary angiogram:**  
- **Number of echocardiographic studies:**
- **Number of studies with pressure wire:**
- **Number of studies with Doppler flow wire:**

These coronary studies are not counted separately within the total number of procedures. For example, a diagnostic coronary angiogram accompanied by a study with coronary pressure wire is a single diagnostic procedure. A PCI with IVUS or a coronary pressure wire is a single interventional procedure.

### 5. CORONARY INTERVENTION ACTIVITY
- **Total number of procedures:**
- **Number of multivessel procedures:**
- **Number of procedures at the same time as diagnostic procedures:**
- **Number of procedures with treatment of at least one restenotic lesion:**
- **Number of procedures with at least one saphenous vein graft:**
- **Number of procedures in the left anterior descending artery:**

Protected:  
Unprotected:  
- **Number of procedures with balloon intervention only:**
- **Number of procedures with radial approach:**
- **Number of procedures with glycoprotein IIb/IIIa inhibitors:**

Abciximab:  
Eptifibatide:  
Tirofiban:  
- **Number of procedures with ionic contrast**
- **Number of procedures with nonionic contrast**

*(Continues on next page)*

ANNEX 1. Questionnaire for the Registry of Activity of the Working Group on Cardiac Catheterization and Interventional Cardiology-2003 (Continued)

Outcome:
Total number of successful procedures:  
Total number of failed procedures without complications:  
Total number of procedures with major complications:  
Nonfatal AMI:  
Emergency surgery (24 h):  
Hospital death:
*A therapeutic procedure is considered to be attempted treatment of one or more coronary lesions, provided an attempt is made to introduce the guidewire into a coronary artery. This is counted as a single procedure regardless of how many devices are used in the same procedure (stent, IVUS, atherectomy, etc) or the number of arteries treated.

6. SUPPORT METHODS FOR INTERVENTIONAL PROCEDURES
   Number of procedures with intraaortic balloon counterpulsation;  
   Number of procedures with percutaneous extracorporeal circulation;  

7. INTERVENTIONAL ACTIVITY IN ACUTE MYOCARDIAL INFARCTION
   Total number of procedures related to AMIa:
   Primary PCIb:  
   Rescue PCIc:  
   Facilitated PCI:  
   Immediate facilitated PTCAd:  
   Deferred facilitated PTCAd:  

Outcome:
Successful without complications:  
Major complications:  
Emergency surgery:  
Hospital death:  
Number of patients in cardiogenic shock (within 24 hours of onset of AMI):  

Outcome:
Successful without complications:  
Major complications:  
Emergency surgery:  
Death:  
Number of stent procedures:  
Number of procedures with balloon intervention only:  
Number of procedures with glycoprotein-IIb/IIIa inhibitors:  
Number of procedures with thrombus aspiration:  
Number of procedures with distal embolization protection:  

PTCA performed during acute phase of AMI (first 12 h) without any prior thrombolytic therapy.  
PTCA performed during acute phase of AMI after thrombolytic therapy due to clinical suspicion of reperfusion failure with thrombolytic therapy.  
PCI performed electively in the first 3 hours after administration of thrombolytic therapy and a Iib/IIia platelet antagonist.  
PCI performed electively between 3 and 24 hours after successful administration of thrombolytic therapy and a platelet Iib/IIia antagonist.

8. CORONARY STENTING
   Total number of procedures:  
   Total number of stents implanted:  
   Total number of stents implanted without predilatation*:  
   Total number of drug-eluting stents:  

*All lesions in one session treated without predilatation.

9. OTHER DEVICES PROCEDURES:
   Total number of procedures:  
   Directional atherectomy:  
   Rotational atherectomy:  
   Other types of atherectomy:  
   Coronary laser:  
   Laser guidewire:  
   Transmyocardial laser:  
   Radiofrequency balloon:  
   Ultrasound therapy:  

(Continues on next page)
### ANNEX 1. Questionnaire for the Registry of Activity of the Working Group on Cardiac Catheterization and Interventional Cardiology-2003 (Continued)

<table>
<thead>
<tr>
<th>Cutting balloon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other special balloons (with protrusions, guidewire):</td>
</tr>
<tr>
<td>Thrombus aspiration techniques:</td>
</tr>
<tr>
<td>Distal embolization protection devices:</td>
</tr>
<tr>
<td>Percutaneous closure devices:</td>
</tr>
<tr>
<td>With collagen:</td>
</tr>
<tr>
<td>With suture:</td>
</tr>
<tr>
<td>Others:</td>
</tr>
<tr>
<td>Septal branch occlusion:</td>
</tr>
<tr>
<td>Embolization of fistulas:</td>
</tr>
<tr>
<td>Percutaneous perfusion of stem cells:</td>
</tr>
</tbody>
</table>

Stenting of the aortic artery:
- Abdominal
- Thoracic

Dilatation of renal arteries

10. BRACHYTHERAPY

Total number of procedures: 

Beta radiation: 

Gamma radiation: 

Total number of lesions:

- De novo: 
- Restenotic: 

Initial outcome:
- Total number of successful procedures: 
- Total number of mayor complications: 
- Death: 
- Nonfatal AMI: 
- Surgery: 

11. INTERVENTIONS IN ADULT PATIENTS WITH VALVE DISEASE

Percutaneous mitral commissurotomy:

Total number of procedures: 

Outcome: 

Successful: 

Complications: 

Cardiac tamponade: 

Severe mitral regurgitation: 

Stroke: 

Death: 

Aortic valvuloplasty:

Total number of procedures: 

Outcome: 

Success: 

Complications: 

Severe aortic regurgitation: 

Stroke: 

Death: 

Pulmonary valvuloplasty:

Total number of procedures: 

Outcome: 

Success: 

Complications: 

Cardiac tamponade: 

Death: 

12. PROCEDURES IN PATIENTS WITH CONGENITAL HEART DISEASE

Atrial septal defect closures:

Number of procedures: 

Success: 

Failure without complications: 

(Continues on next page)
ANNEX 1. Questionnaire for the Registry of Activity of the Working Group on Cardiac Catheterization and Interventional Cardiology-2003 (Continued)

Complications: .................................................................
Death: ..............................................................................
Others: ..............................................................................
Aortic coarctation: ............................................................
Other procedures in adults with congenital heart disease (specify): ....................................................

13. THERAPEUTIC PROCEDURES IN PEDIATRIC PATIENTS

Dilatations:
Pulmonary valve: ..................................................................
Aortic valve: ........................................................................
Aortic coarctation: ............................................................... 
Subaortic stenosis: ...............................................................
Pulmonary arteries: ............................................................
Other dilatations: ............................................................... 
Stenting of:
Pulmonary arteries: ............................................................
Aortic coarctation: ............................................................... 
Ductus: ..............................................................................
Other sites:
Atrial septostomy in:
ICU: ..............................................................................
Catheterization laboratory: ................................................
Ductal closure: ....................................................................
Atrial septal defect closure: ................................................
Embolizations:

Others:

14. OBSERVATIONS AND COMMENTS:

......................................................................................
......................................................................................

ANNEX 2. Register of Activity of the Working Group on Cardiac Catheterization and Interventional Cardiology: Participating Laboratories in 2003

ANDALUSIA
Cádiz
Clínica Nuestra Señora de la Salud
Hospital Universitario Puerta del Mar
Hospital Universitario de Puerto Real
Córdoba
Hospital Universitario Reina Sofía y Cruz Roja
Granada
Hospital Universitario Virgen de las Nieves
Huelva
Hospital Juan Ramón Jiménez
Jaén
Complejo Hospitalario Ciudad de Jaén
Málaga
Clínica El Ángel
Clínica Parque San Antonio
Clínica Santa Elena
Complejo Hospitalario Carlos Haya
Hospital Costa del Sol Marbella
Hospital Universitario Virgen de la Victoria
Sevilla
Hospital Universitario Virgen del Rocío

Hospital Universitario Virgen Macarena
ARAGON
Zaragoza
Hospital Clínico Universitario
Hospital Universitario Miguel Servet
CANARY ISLANDS
Las Palmas
Clínica San Roque
Hospital de Gran Canaria Dr. Negrín
Hospital Universitario Insular de Gran Canaria
Tenerife
Complejo Hospitalario Nuestra Señora de la Candelaria
Hospital Universitario de Canarias
Hospiten Rambla
CANTABRIA
Hospital Universitario Marqués de Valdecilla
CASTILLA-LEÓN
León
Hospital de León
Salamanca
Hospital Universitario de Salamanca

(Continues on next page)
### ANNEX 2. Register of Activity of the Working Group on Cardiac Catheterization and Interventional Cardiology: Participating Laboratories in 2003 (Continued)

<table>
<thead>
<tr>
<th>Region</th>
<th>Location</th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valladolid</td>
<td></td>
<td>Hospital Campo Grande</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario de Valladolid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CASTILLE-LA MANCHA</td>
</tr>
<tr>
<td>Albacete</td>
<td></td>
<td>Ibérica de Diagnóstico y Cirugía</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital General de Guadalajara</td>
</tr>
<tr>
<td>Toledo</td>
<td></td>
<td>Hospital Virgen de la Salud</td>
</tr>
<tr>
<td>CATALONIA</td>
<td></td>
<td>Barcelona</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Centre Cardiovascular Sant Jordi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Centro Médico Teknon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ciutat Santitària i Universitària de Bellvitge, L'Hospitalet de Llobregat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica Corachan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica La Alianza. ANGIOCOR Clínica Quirón</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica Sagrada Familia, UCRISA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Clínic y Provincial de Barcelona</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de Barcelona</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCIAS Hospital de la Santa Creu i Sant Pau</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital del Mar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital General de Catalunya</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital General Vall d’Hebron</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario Germans Trias i Pujol, Badalona</td>
</tr>
<tr>
<td>Girona</td>
<td></td>
<td>Hospital Dr. Josep Trueta</td>
</tr>
<tr>
<td>Tarragona</td>
<td></td>
<td>Hospital Juan XXIII</td>
</tr>
<tr>
<td>MADRID AUTONOMOUS REGION</td>
<td>Centro Médico Zarzuela</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clínica La Luz</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clínica Moncloa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clínica Montepinte</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clínica Nuestra Señora de América</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clínica Ruber Internacional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fundación Hospital Alcorcón</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fundación Jiménez Díaz</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Clínico San Carlos-Complejo Hospitalario</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital de la Princesa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital General Universitario Gregorio Marañón</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Militar Gómez Ulla</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Puerta de Hierro</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Ramón y Cajal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Ruber Internacional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Universitario 12 de Octubre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Universitario La Paz</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instituto de Cardiología de Madrid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanatorio La Milagrosa</td>
<td></td>
</tr>
<tr>
<td>NAVARRE AUTONOMOUS REGION</td>
<td>Clínica Universitaria de Navarra</td>
<td></td>
</tr>
<tr>
<td>Hospital de Navarra</td>
<td>VALENCE AUTONOMOUS REGION</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alicante</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Clínica Benidorm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital General Universitario de Alicante</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de San Juan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sanatorio Perpetuo Socorro</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Castellón</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital General de Castellón</td>
</tr>
<tr>
<td>Valencia</td>
<td></td>
<td>Clínica Casa de Salud</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica Quirón</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Clínico Universitario de Valencia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de la Ribera. Alzira</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital General Universitario de Valencia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Nueve de Octubre. GESNOU, S.A.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario Dr. Peset</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario La Fe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Virgen del Consuelo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EXTREMADURA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Badajoz</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario Infanta Cristina</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cáceres</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica Virgen de Guadalupe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GALICIA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>La Coruña</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complejo Hospitalario Juan Canalejo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complejo Hospitalario Universitario de Santiago de Compostela</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instituto Médico-Quirúrgico San Rafael</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sanatorio Quirúrgico Modelo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pontevedra</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de Meixoeiro, MEDTEC, Vigo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BALEAIC ISLANDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica Rotger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario Son Dureta</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policlinica Miramar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policlinica Nuestra Señora del Rosario</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BASQUE COUNTRY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Álava</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Txagaritxu, Vitoria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guipúzcoa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policlinica Guipúzcoa, San Sebastián</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vizcaya</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica V. San Sebastián, Bilbao</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de Basurto, Bilbao</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de Cruces, Baracaldo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital de Galdakao</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ASTURIAS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Centro Médico de Asturias</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Central de Asturias</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MURCIA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario Virgen de la Arrixaca</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sanatorio San Carlos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clínica Nuestra Señora de la Vega</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CENTERS WITH SEPARATE PEDIATRIC ACTIVITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Barcelona</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Sant Joan de Déu</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Vall d’Hebron Infantil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madrid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital La Paz Infantil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Ramón y Cajal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital 12 de Octubre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Málaga</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Materno Infantil, Complejo Carlos Haya</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seville</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Virgen del Rocío</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Valencia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Universitario La Fe</td>
</tr>
</tbody>
</table>