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ABSTRACT BOOK

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Bypass – OPCAB) се изведува без екстракорпорална циркулација (ЕКЦ) која е асоцирана со невролошки, ренални и пулмонални компликации. Но, OPCAB – методата е технички сложена и пропратена со специфични ризици. Инструментарката во секое време треба да биде активно подготвена за брза реакција во случај на дестабилизација на пациентот, итно канилирање и поставување на ЕКЦ.

Цел: Евалуирање на улогата на инструментарката во обезбедување на брз, безбеден тек на операција, одржување на апсолутна стерилност и во итни ситуации, минимизирање на компликации, скратување на болничкиот престој.

Материјали и методи: Покрај самото инструментирање, инструментарките ја контролираат стерилноста на оперативното поле, на оперативниот тим како и на останатиот персонал во салата. При припремата на инструментите и материјалите, гарнирањето на оперативното поле и инструментирање, строго се следат интерните ИСО-стандарди за квалитет. После стернотомија, инструментарката му асистира на оператерот при препарирање и дилатирање на a. mammaria, отварање на перикардот, поставување на подржни шавови и стабилизаторот, препарирање и дилатирање на коронарките со микроинструменти. После шиење и проверка на анастомоза, стабилизаторот се вади, се врши хемостаза, се поставуваат дренови, се затвара градната коска, поткожата и кожата. Цело време, кардиоперфузионистот стои на Standby за случај на итна потреба од ЕКЦ.

Резултати: Во периодот од 01.03.2000 до 01.03.2014 година, од 7257 кардиоваскуларни бајпас операции, 1683 пациенти (23,2 %) се оперирани во OPCAB техника.

Заклучок: Високо стручна подготвеност на оперативниот тим, современа технологија и стандардизација на процедури, овозможува безбедна примена на технички посложена OPCAB-операција.

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Abstract No. **186**
Theme: **interventional cardiology**
Country: **Macedonia**

Transradial primary percutaneous coronary intervention for the treatment of a patient with cardiogenic shock due to acute total occlusion of unprotected left main coronary artery

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Acute total occlusion of unprotected left main coronary artery (LMCA) is rarely encountered in clinical practice. The incidence cannot be determined precisely, since most of the patients die before hospital admission. Malignant arrhythmias, cardiogenic shock or sudden death due to pump failure develops in most of these patients.

We are presenting a 33year-old male patient with cardiogenic shock and extensive anterior ST-elevation myocardial infarction due to acute total occlusion of unprotected LMCA, admitted in our hospital 2hours after chest pain onset.

The patient was treated through the right transradial primary percutaneous coronary angioplasty with 6F EBU guiding catheter. There was an totally occluded unprotected LMCA without any supportive coronary flow to the left system.

On admission in ICU because of the cardiogenic shock(KILIP IV), inotropic stimulation was

started immediately . Therefore, before percutaneous coronary intervention trans-femoral intra-aortic balloon pump was placed. Transradial coronarography revealed total occlusion of distal LMN. Abciximab was administered, and thrombo-aspiration was performed , followed by the implantation of a 3.5 / 24 mm drug-eluting stent and postdilatation with NC balloon 4.0/9 mm and restoration of TIMI III flow. In – lab procedural time was 11 min. However, the patient died after 46 hours, due to refractory left ventricular failure.
Conclusion: Most challenging STEMI cases with totally occluded LMCA could be treated time efficiently through the TRA. However, mortality remains high due to refractory LV failure.

Keywords: Primary percutaneous coronary intervention, Cardiogenic shock, STEMI

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CARDIOVASCULAR COMPLICATIONS ASSOCIATED WITH HIP FRACTURES IN THE ELDERLY

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Aim : To overview the complications ,expetialy cardiovascular complications after hip fractures(femoral neck fracure,subtrochanteric fracure) in the elderly,medical treatment and prognosis.The fractures in the elderly are caused by simple falls(more of them at home) and the main risk factor is osteoporosis. Material and methods:55 paciens admitted to intensive care unit were observed,85% female,15 % male,aged 80+-5 yers,clincal feature,EKG,RTG,LAB,simptoms .80% of the fractures were femoral neck fracures ,20 % were subtrochanteric fractures.95 %of them were admited 7-14 days after surgical treatment,5 % were treated only with immobilisation(without surgery) .Only in 14% of the npatients the prevention of osteoporosis has been done before falls.Results:Depends of preexisting multimorbidity and medical care after hip fracures.All of the patiens were addmited to intensive care unit . Some of them already have had some complications ,some of them developed complications within the hospitalisation in our institution.Medical complications expetialy cardiovascular complications are most common and fatal too.Notised complications: Heart failure because of infection (pneumonia ,UTI ,preexisting heart failure) developed in 85% of the patients,Deep venous thrombosis in 18% of the patients besides the prevention with anticoagulants,pressure ulcers 10% at the moment of addmision ,70% after 30 days of immobility,chest infection 70%,urinary tract infections 60%(all the patients were catheterisated),dementia 15 %.Complications are often more than two ones.Medical treatment is multidisciplinary. Prognosis is very poor,Hip fractures are very dangerous episodes and the risk od dying is high(85%).Heart failure associated with pneumonia is a leading cause of death in the elderly at all.
Conclusion :Intensive medical treatment and prevention of complications is a priority. The prevention(primary,secondary,tertiary) of the osteoporosis is at the same time a prevention of the hip fractures. If the patient survive rehabilitaion is needed but is is very hard at that age.Half of them need assistance for self care.
Kay words: hip fractures, cardiovascular complications,prevention.