Urgent sternotomy – challenges in clinical practice of interventional cardiology

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The rapid development of new medical technologies in interventional cardiology sets new requirements and challenges for physicians as well as for the nurses. Therefore, ability of the nurses must be at high level, so that their resourcefulness, skills, quick reactions, teamwork, knowledge and lifelong learning can contribute to new technologies. Interventional cardiology of today is dynamic and very demanding, if not the most challenging part of cardiology.

This case report will present how an invasive procedure in interventional cardiology can result with complications which demand open heart surgery. Those complications can be successfully treated only by a team of professionals and that team make cardiologists, cardiothoracic surgeons, anesthesiologists, perfusionists, X-ray technicians and nurses. Nowadays an urgent sternotomy in heart catheterization lab is not common, but we who work there must always be ready for urgent procedures in order to save lives. Every invasive procedure in modern medicine has specific risks. The same applies to the transcatheter aortic valve implantation as a latest method of aortic valve replacement.[1] This method is the standard of care in adults with severe symptomatic aortic stenosis in which standard surgical aortic valve replacement carries a poor prognosis. The risks associated with surgical aortic valve replacement are increased in elderly patients and those with concomitant severe systolic heart failure or coronary artery disease, as well as in people with comorbidities such as cerebrovascular and peripheral arterial disease, chronic kidney disease, and chronic respiratory dysfunction.

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LITERATURE

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