



### III. HRVATSKI SASTANAK O KARDIOVASKULARNIM INTERVENCIJAMA s međunarodnim sudjelovanjem Zagreb, hotel Sheraton, 6. i 7. ožujka 2009.

S velikim zadovoljstvom, Organizacijski odbor obavještava Vas o datumu redovnog sastanka intervencijske sekcije Hrvatskog kardiološkog društva koje se tradicionalno održava u proljeće svake druge godine. Željeli bi da u organizaciji sastanka sudjeluju svi, čiji je uži interes intervencijska kardiologija, ili će to tek postati, te očekujemo Vaše prijedloge. Prijedloge tema uputiti do 20. veljače na e-mail: [maja.strozzi@zg.t-com.hr](mailto:maja.strozzi@zg.t-com.hr). Prvu obavijest sa svim informacijama možete preuzeti na [www.kardio.hr](http://www.kardio.hr).

### 3<sup>rd</sup> CROATIAN MEETING ON CARDIOVASCULAR INTERVENTIONS with international participation Zagreb, Hotel Sheraton, 6<sup>th</sup> and 7<sup>th</sup> March 2009

The Organizing Committee is very happy to inform you about the date of this regular meeting of intervention section of the Croatian Cardiac Society that is traditionally held in spring every second year. Wishing to include all persons in the meeting whose close interest is intervention cardiology or it will be soon, we are looking forward to your proposals. More info at [www.kardio.hr](http://www.kardio.hr).

Ostalo

Other

## Registar za akutni infarkt miokarda Kardiološkog odjela Opće bolnice Koprivnica

## Registry for acute myocardial infarction of the Cardiology Department of the Koprivnica General Hospital

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Od 2005. godine putem "Registra za akutni infarkt miokarda" na Kardiološkom odjelu Opće bolnice Koprivnica prate se određene varijable kod pacijenata oboljelih od akutnog infarkta miokarda (AIM). U razdoblju od 2005. do 2008. godine na odjelu je od AIM liječeno 679 bolesnika. Tijekom 2005. godine većina bolesnika liječena je konzervativno, manji broj fibrinolitičkom terapijom, dok je primarna perkutana koronarna intervencija (PCI) primijenjena samo kod troje bolesnika. Od početka 2006. god. uključeni smo u *Hrvatsku mrežu urgentne PCI*. U tri godine primarnom PCI liječena su 153 bolesnika što iznosi 29,7% od ukupnog broja liječenih od AIM (53% od bolesnika sa AIM praćenim elevacijom ST-segmenta, STEMI). Ukupna smrtnost u razdoblju 2006. do 2008. godine je 7,8% što je praktički upola manje nego 2005. godine (13%), dok je smrtnost liječenih primarnom PCI svega 3%.

Možemo li biti zadovoljni postignutim rezultatima? U nekim segmentima možemo, jer smo bolničku smrtnost smanjili na pola, kvaliteta života naših bolesnika je znatno bolja, rehabilitacija kvalitetnija i brža, manje je komplikacija, a boravak na odjelu kraći.

Ono čime nismo zadovoljni je činjenica da je još uvijek oko 50% bolesnika sa STEMI liječeno konzervativno, prvenstveno radi prekasnog dolaska u bolnicu nakon početka bolova (u prva 3 sata primljena je četvrtina pacijenata, polovica unutar 6 sati, a 32% nakon više od 12 sati ili čak 24 sata). Bolničko osoblje i dalje (uz iznimku HMP Križevci) primarno zbrinjava bolesnike sa STEMI i prati ih u transportu do Kliničke bolnice Dubrava u Zagrebu što smatramo dodatnim gubitkom vremena, no liječnici primarne zdravstvene zaštite (prvenstveno HMP) još uvijek ne nalaze ni interesa, ni volje, a niti odgovornosti da se prihvate tog posla.

U sekundarnoj prevenciji postigli smo zadovoljavajuće rezultate. Svi bolesnici s postinfarktnom ishemijom su invazivno obrađeni, ovisno o nalazu adekvatno liječeni (PTCA uz stent, konzervativna ili operativna terapija) i redovito su kontrolirani.

Since 2005 we have been tracking certain variables with patients suffering from acute myocardial infarction (AMI) by using "Registry for acute myocardial infarction" at the Cardiology Department of the Koprivnica General Hospital. During the period between 2005 and 2008, there were 679 patients treated from AMI at the Department. During the year 2005, the most of the patients were treated conservatively, fewer of them by using fibrinolytic therapy, while the primary percutaneous coronary intervention (PCI) was applied with only three patients. Since the beginning of the year 2006, we have been included in the *Croatian Urgent PCI Network*. During the period of three years, 153 patients, amounting to 29.7% from the total number of persons treated from AMI (53% of patients suffering from ST-segment elevation myocardial infarction, STEMI) have been treated by primary PCI. The total mortality during the period from 2006 to 2008 amounts to 7.8% which is practically twice as less as during the year 2005 (13%), while the mortality of persons treated by primary PCI is only 3%.

Can we be happy with the achieved results? In a way we can, since we have reduced the in-hospital mortality as twice as much, the life quality of our patients has greatly improved, rehabilitation is better and faster, there are fewer complications and the length of stay in the Department is shorter.

The thing we are not satisfied with is the fact that still 50% of patients suffering from STEMI has been treated conservatively, primarily due to a late arrival in hospital following the onset of chest pains (during the first 3 hours, one quarter of patients has been admitted, the half of them within 6 hours and 32% following more than 12 hours or even 24 hours). The in-hospital personnel still (with exception of Emergency Medicine Department Križevci) organizes primary management of patients suffering from STEMI, accompanies them in the transport to the Dubrava Clinical Hospital in Zagreb which we think is an additional waste of time, however, primary healthcare physicians (especially EMD) still show neither interest, desire nor responsibilities to get down to this work.

We have accomplished satisfactorily results in secondary prevention. All the patients with post-infarction is-