**Multidisciplinary management in transcatheter closure of patient foramen ovale**

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Patent foramen ovale (PFO) is a defect of interatrial septum, mostly without any clinical repercussions. Its incidence is 25%, and it is associated with cryptogenic stroke, migraine, platypnea-orthodeoxia syndrome and decompression illness. One of therapeutic strategies for secondary prevention of such incidents is percutaneous closure of defects. The closure procedure requires teamwork of invasive cardiologist, echocardiographer, anesthesiologist and operating room nurse. Transcatheter closure of PFO is a safe procedure with long term efficacy in preventing paradoxical embolism. Procedure itself requires nurse interventions, which include patient preparation and its monitoring until the placement of the occluder. Procedure protocol is closely followed from the start until the discharge of the patient. All patients receive antibiotic prophylaxis 1 h prior to the procedure and before discharge from the hospital a post-interventional transthoracic echocardiography is performed. Here we report a case of a patient with prior ischemic stroke, who was diagnosed with PFO, and therefore underwent a successful PFO occluder placement. In conclusion, the success of the procedure, with the goal of complete occlusion without any residual shunt, is dependent both on anatomy of the atrial septum and on cooperation within the interventional team.

**LITERATURE**

