




Komplikacije nakon ugradnje trajnog elektrostimulatora: prikaz slučaja

Complications after implantation of permanent pacemaker: a case report

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Elektrostimulator srca je uređaj koji pomaže električnu stimulaciju srca na način da osjeća normalne srčane impulse te ako je potrebno šalje impulse kako bi aktivirao srčani mišić i održao normalan ritam srca. Indikacije za ugradnju elektrostimulatora srca donose se sukladno smjernicama Europskog kardiološkog društva. Najčešće indikacije su bradiaritmije. Ovisno o tipu aritmije i kliničkom stanju bolesnika ugrađuju se uređaji koji su različiti po električnim mogućnostima, broju elektroda kojima se provode impulsi te samoj veličini uređaja. Zahvat se izvodi u lokalnoj anesteziji, uređaj se ugrađuje ispod ključne kosti, a iznad prsnog mišića. Kao i kod drugih invazivnih procedura tako i kod ugradnje elektrostimulatora postoji mogućnost nastanka pojedinih komplikacija. Najčešće komplikacije su: pneumotoraks, hematoma, infekcija i dekubitus ležišta elektrostimulatora.¹ U Kliničkoj bolnici Merkur ugradnja elektrostimulatora započela je u prosincu 1997. godine u operacijskim dvoranama kirurške klinike, dok se od rujna 2007. godine zahvat izvodi u intervencijskim dvoranama Zavoda za kardiologiju pri internoj klinici. Prikazat ćemo slučaj bolesnika koji je imao dekubitus ležišta uređaja.

The pacemaker is an electrical device that helps stimulate heart stimulation by feeling normal heart pulses and sending impulses if needed to activate cardiac muscle and maintain a normal heart rate. Indications for implanting the pacemaker are made according to the guidelines of the European Cardiac Society. The most common indications are bradyarrhythmia. Depending on the type of arrhythmia and the clinical condition of the patient, there are devices that are different according to the electrical capabilities, the number of electrodes to be carried pulses, and the size of the device itself. The procedure is performed with anesthesia, the device is inserted under the clavicle, and above the chest muscle. As with other invasive procedures and with the implantation of a pacemaker, there is the possibility of some complications. The most common complications are pneumothorax, hematoma, infection and bedsore of the pacemaker bearing.¹ In University Hospital Merkur implantation of pacemakers has begun in December of 1997, in operation theater of General Surgery and after September of 2007 procedures are performed in operation theater in the Department of Cardiology. We will present a patient with pacemaker bearing bedsore.

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LITERATURE

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