

Anesthesia for interventional cardiology procedures

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Anesthesia management for interventional procedures in cardiology becomes increasingly demanding due to growing number and complexity of these procedures. Anesthesiologists are assuming an important role in the multidisciplinary planning of management. A comprehensive understanding of each procedure is essential to ensure a reasonable plan for the anesthesia, monitoring, venous access and additional equipment required. A skilful anesthetic management is critical in maintaining stable hemodynamic and rapidly managing any complications that may occur during the procedure.

Cardiac anesthesiologists in University Hospital Center Zagreb provide anesthesia for: percutaneous closure of atrial septal defects and PDA, transcatheter aortic valve replacement, thoracic endovascular aortic/aneurysm repair, implantation of pacemakers, cardiac resynchronization therapy pacemaker and automatic implantable cardioverter defibrillators, electrophysiological studies and the Harmony System for the treatment of heart failure patients.^{1,2}

Anesthetic management ranged from sedation to full general anesthesia with invasive monitoring and other modalities such as transesophageal echocardiography. As interventional procedures may be lengthy, and the potential exists for hemodynamic instability and significant blood loss, general anesthesia with endotracheal intubation is commonly performed. In our hospital, in spite of the use of transesophageal echocardiography, device closure of an atrial septal defect in children is accomplished with deep sedation and spontaneous ventilation. Therefore, a vigilant monitoring by anesthetic staff is necessary during the procedure. The importance of skilful anesthetic technician is of huge value for safe management in such as challenging environment.

In conclusion, it is clearly evident that the well-prepared and experienced anesthesiologist, responsible for maintaining a high level of anesthetic care, has to be an integral part of the multidisciplinary team to obtain optimal outcome of interventional cardiology procedures.

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LITERATURE

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