

Quando la sindrome coronarica acuta necessita di chirurgia

I tre volti della Sindrome Coronarica

VII Congresso infermieristico

Sabato 25 novembre 12017

Torre Tiziano



*Associated Institute
of the University of Zurich*



**University of
Zurich**
UZH



CARDIOCENTRO
TICINO

THANK YOU

for your attention

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of the University of Zurich*



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CARDIOCENTRICINO

Indicazioni alla rivascolarizzazione chirurgica

Tre fattori:

1. LA DIAGNOSI

2. I SINTOMI

3. IL TIMING CHIRURGICO

Modalità di presentazione:

- **Sindrome coronarica acuta**
- **NSTEMI**
- **STEMI**
 - **ACUTO**
 - **SUBACUTO**

Classi delle raccomandazioni:

Classe della Definizione

Espressione consigliata

Classe I

È raccomandato/indicato

Classe II

Classe IIa

Deve essere preso in considerazione

Classe IIb

Può essere preso in considerazione

Classe III

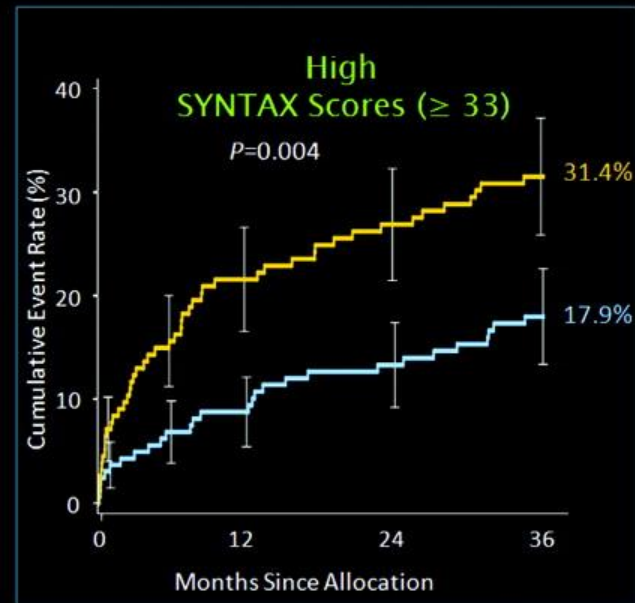
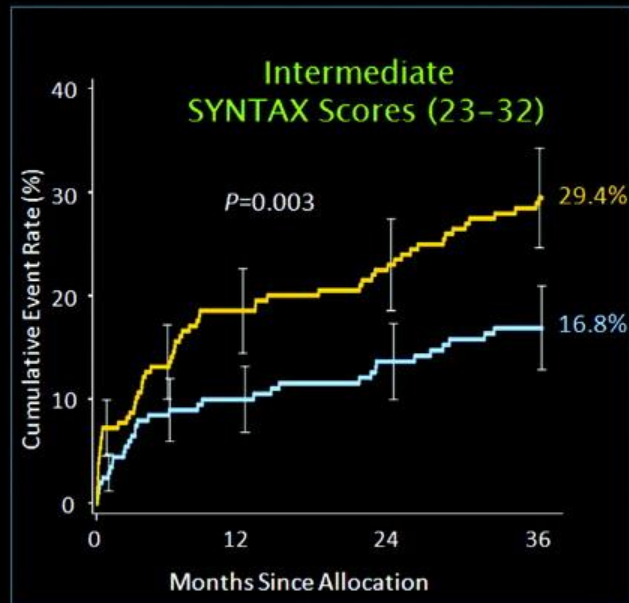
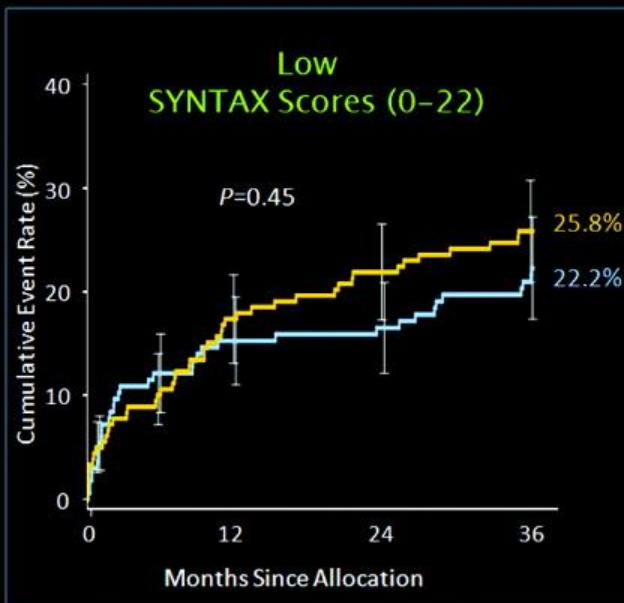
Non è raccomandato

Malattia coronarica (SYNTAX Score):

- **Tronco Comune**
- **Malattia trivasale**
- **1-2 vasi senza LAD prossimale**
- **1 vaso con LAD prossimale**
- **2 vasi con LAD prossimale**

CABG vs PCI:

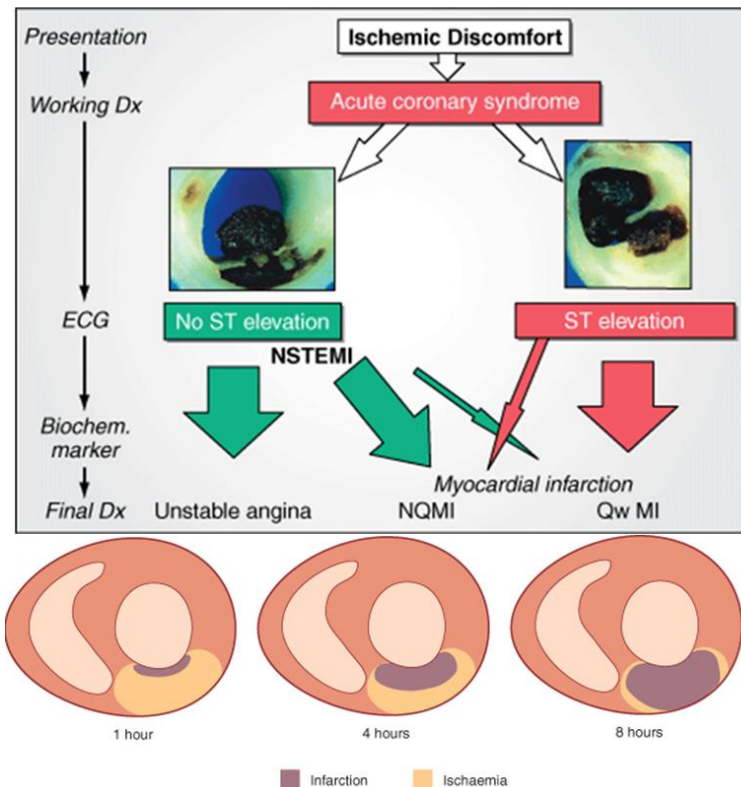
■ CABG ■ PCI



Sintomatologia:

- **Angina stabile**
- **Angina instabile**
- **STEMI**

Evoluzione anatomico-patologica dell'infarto:



IMPORTANTE:

Identificare l'intervallo tra
l'insorgenza dei sintomi e l'arrivo in
ospedale
=
quanto miocardio riusciremo a
salvare!!

Complicanze dell'infarto:

- **Aritmie ventricolari maligne**
- **Insuff. Mitralica acuta**
- **Rottura di SLV / cuore**
- **FE depressa**

Valutazione preop. del paziente:

- ESAMI EMATOCHIMICI
- Rx TORACE
- ECG
- DOPPLER TSA
- ANAMNESI ED E.O.
- TERAPIA



Fattori che influenzano la scelta:

Presenza e severità di eventuali comorbidità

- Diabete Mellito
- Insufficienza renale
- Rivascolarizzazione completa
- Disfunzione VS
- REDO CABG

TIMING CHIRURGICO

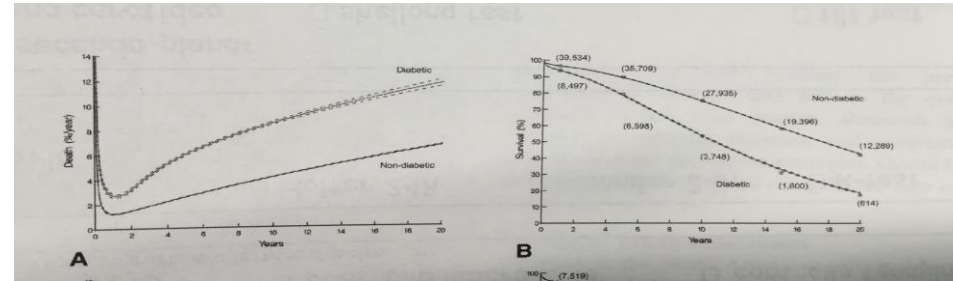
Routine CABG in Diabetics

Coronary artery bypass grafting in diabetics: A growing health care cost crisis

Sajjad Raza, MD,^a Joseph F. Sabik III, MD,^a Ponnuthurai Ainkaran, MS,^b and Eugene H. Blackstone, MD^{a,b}

Diabet is an independent risk factor for reduced long-term survival (> 57.000 pts in 40 years)

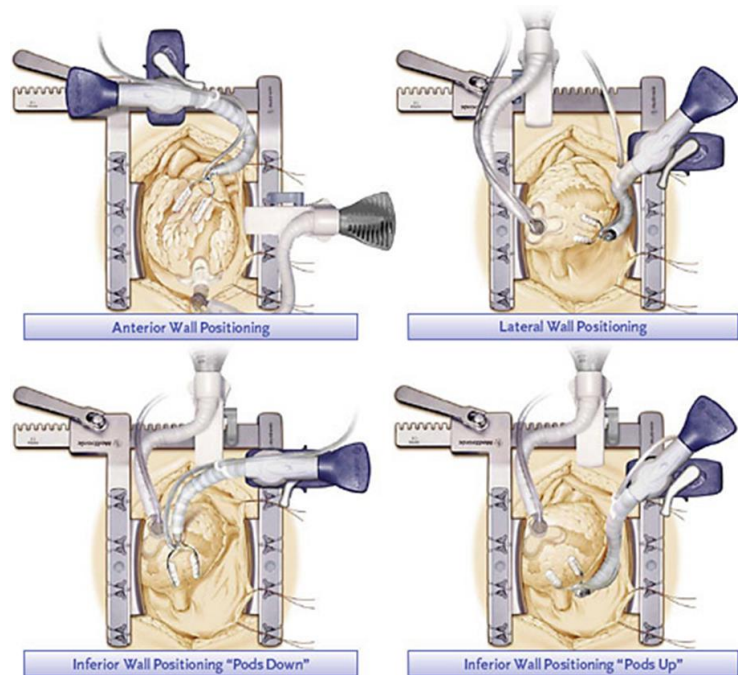
In-hospital deaths	2% vs 1.3%
DSWI	2.3% vs 1.2%
Stroke	2.2% vs 1.4%
Renal failure	4.0% vs 1.3%
Hospital cost	+ 9%



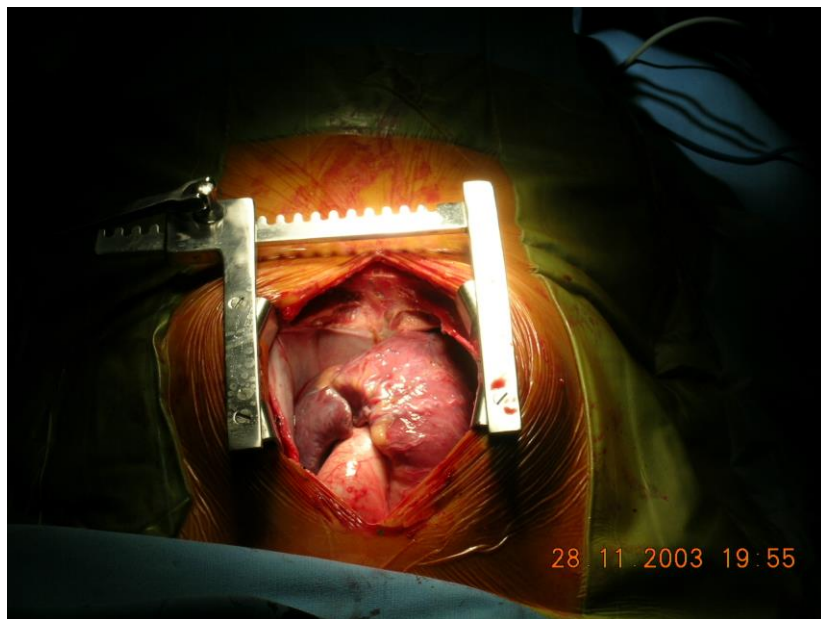
Raza et al., J Thorac and Cardiovasc Surg 2015;150:304-12

Chirurgia coronarica:

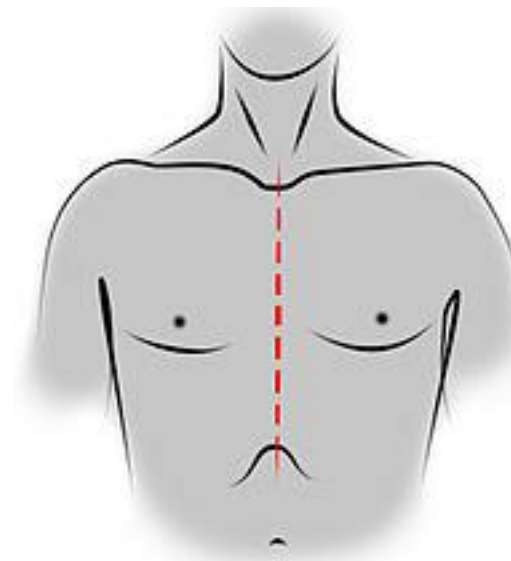
- On pump
- Off pump
- Assistenza



Accessi:

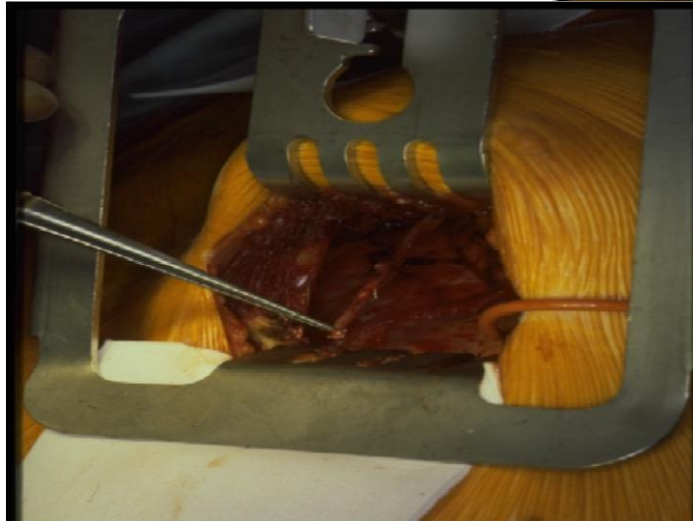
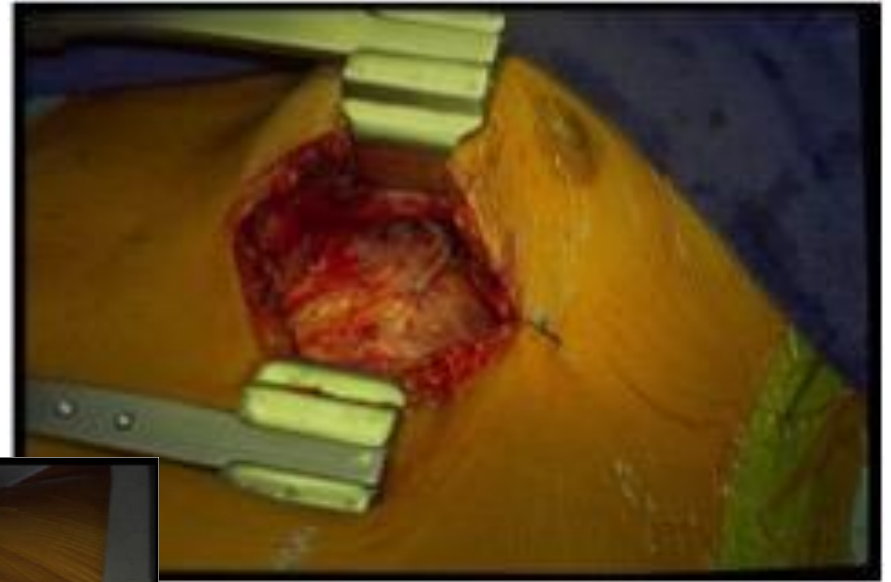


Sternotomia mediana



Accessi:

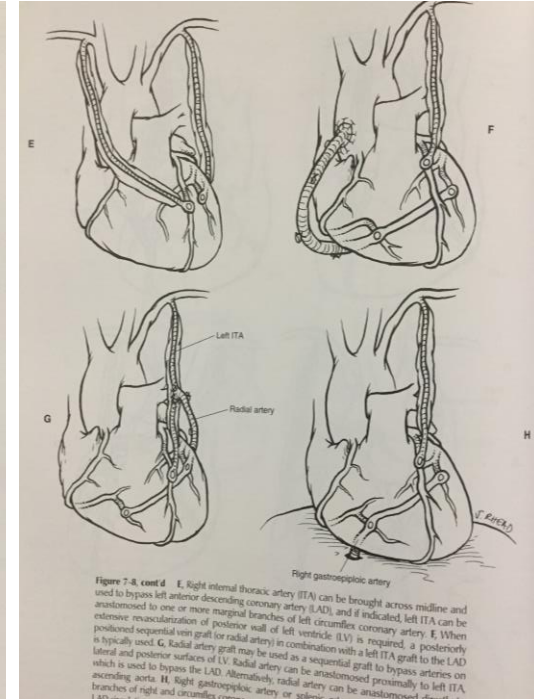
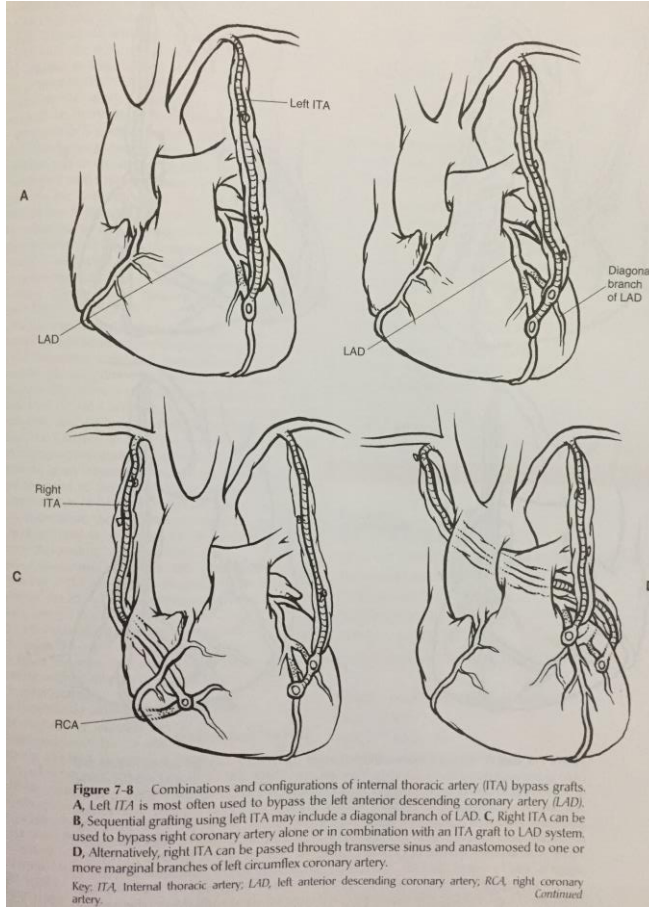
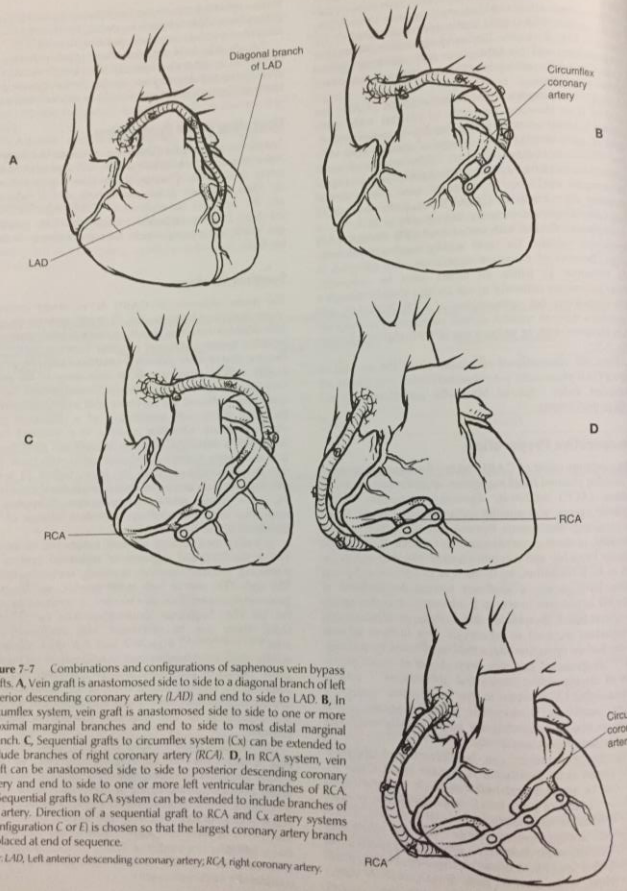
Minitoracotomia sinistra



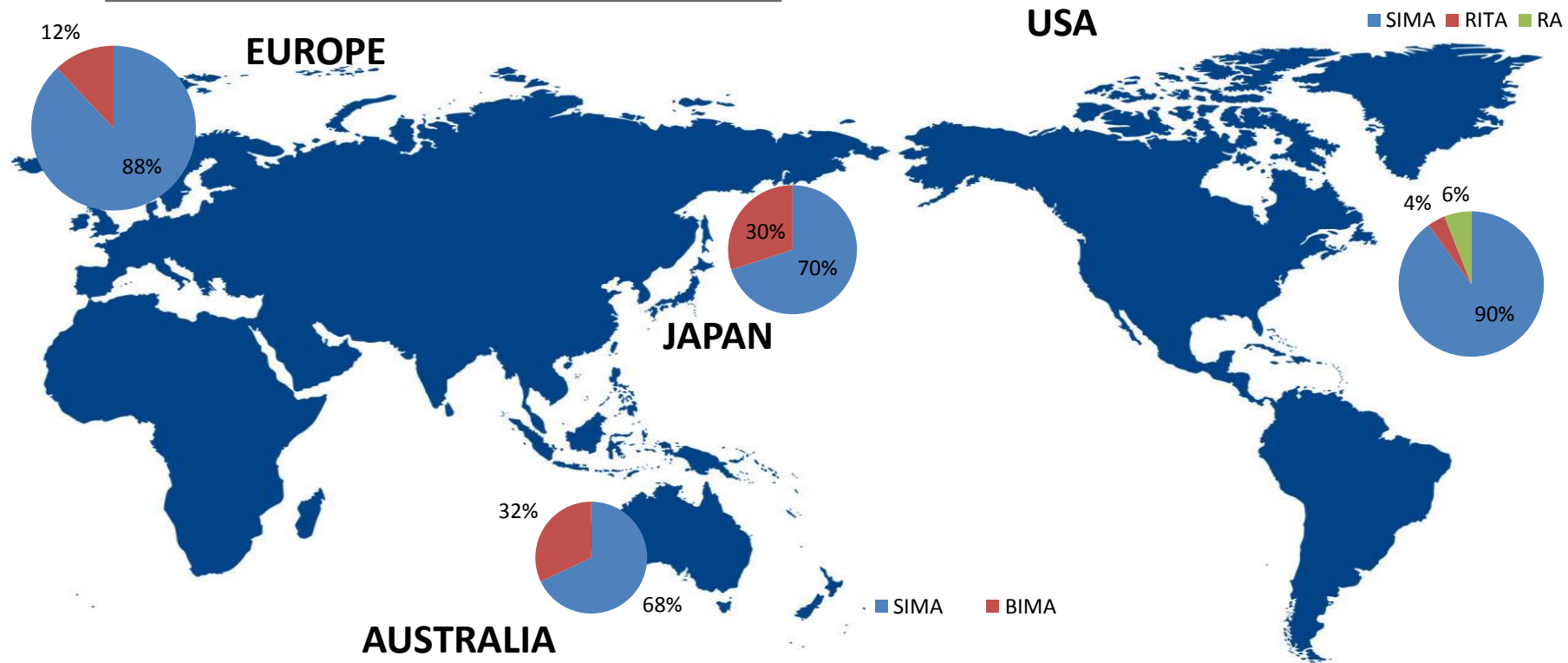
Condotti:

- **Arterie Mammarie Interne**
- **Vene grandi safene**
- **Arterie radiali**
- **Arteria gastroepiploica**

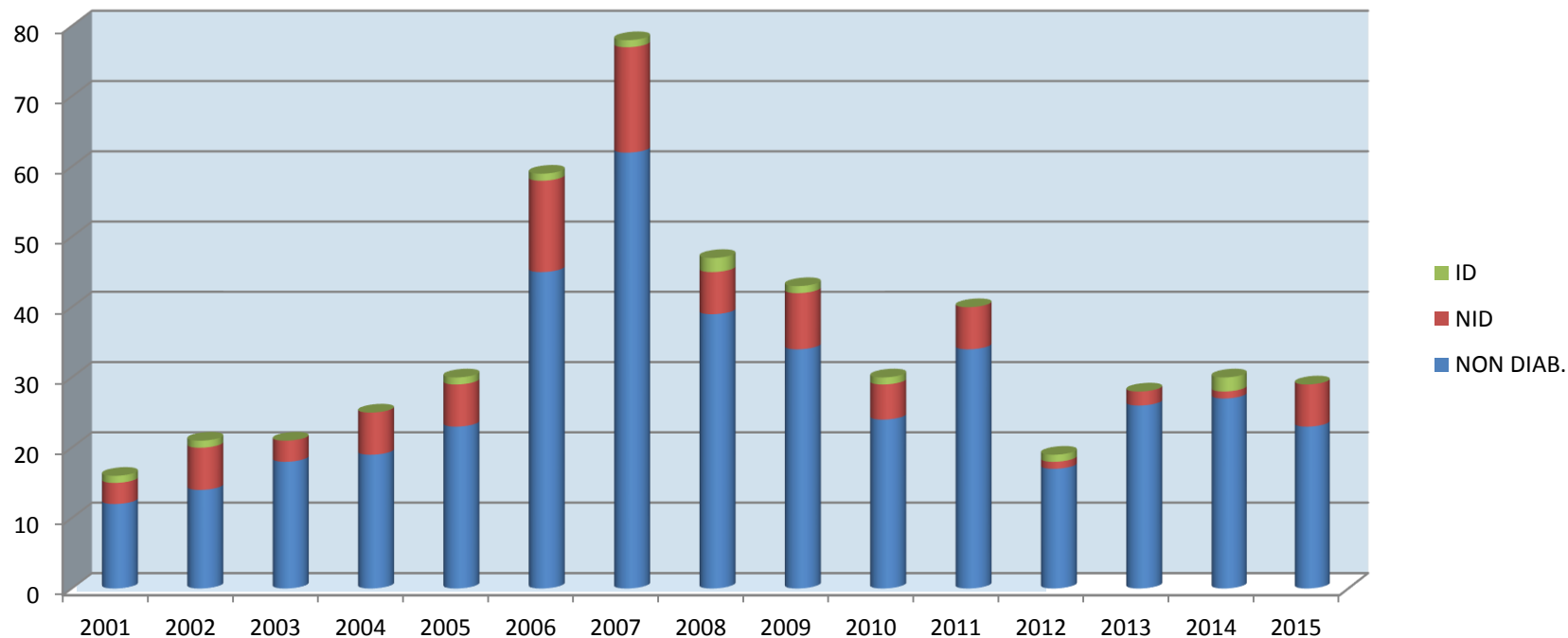
Configurazioni:



Use of BIMA in the world - 2015



15 years experience with BIMA at CCT (540/3560 CABG)



Long-term survival with BIMA

Thirty-Year Follow-Up Defines Survival Benefit for Second Internal Mammary Artery in Propensity-Matched Groups

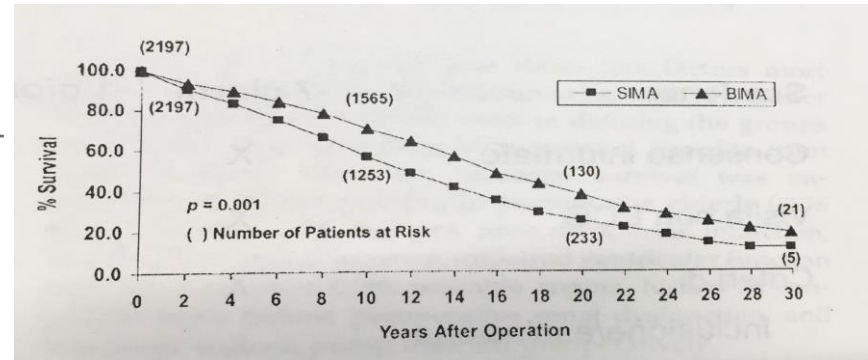
Paul A. Kurlansky, MD, Ernest A. Traad, MD, Malcolm J. Dorman, MD, David L. Galbut, MD, Melinda Zucker, BSN, and George Ebra, EdD

Florida Heart Research Institute, Miami, and Division of Cardiovascular Surgery, JFK Medical Center, Atlantis, Florida

> 2000 patients for each group (SIMA and BIMA)

Survival benefit generally becomes apparent fairly early during the follow-up period and increases over time.

BIMA patients no higher incidence of DSWI.



Kurlansky et al., Ann Thorac Surg 2010;90:101-8

The Journal of THORACIC AND CARDIOVASCULAR SURGERY

SURGERY FOR ADULT CARDIOVASCULAR DISEASE

TWO INTERNAL THORACIC ARTERY GRAFTS ARE BETTER THAN ONE

Bruce W. Lytle, MD
Eugene H. Blackstone MD
Floyd D. Loop, MD
Penny L. Houghtaling, MS
John H. Arnold, MD
Rami Akhrass, MD
Patrick M. McCarthy, MD
Delos M. Cosgrove, MD

Objective: Does the use of bilateral internal provide incremental benefit relative to the
Methods: We conducted a retrospective, (mean follow-up interval of 10 postoperat
undergoing elective primary isolated cor received either single (8123 patients) or patients), with or without additional veir methods including propensity score matchi monious and nonparsimonious risk factor the issues of patient selection and heterogen for both the bilateral and ITA group was 94%, 84% o, 79%, and 64% at 5, 10, < .001). Death, reoperation



When you drive normally in
your car you usually fasten
one seat belt

...but if you gonna go
faster it is better to
wear two.



Routine use of second arterial graft

Multiple arterial bypass grafting should be routine

Robert F. Tranbaugh, MD,^a David J. Lucido, PhD,^b Kamellia R. Dimitrova, MD,^a Darryl M. Hoffman, MD,^c Charles M. Geller, MD,^d Gabriela R. Dincheva, BS,^a and John D. Puskas, MD^a

Use of second arterial graft (from 10% to 80% rate)

1023 matched pairs of Lita-radial artery and Lita- saphenous vein

Reduction of 10.000 deaths per year and more than 64.000 person-year of life over 10 years.

«The use of a second arterial graft during CABG should be routine in the majority of patients undergoing CABG»

Tranbaugh et al., J Thorac and Cardiovasc Surg 2015;150:1537-45

Rivascolarizzazione ibrida:



Svezzamento dalla CEC:

- **Inotropi**
- **IntrAortic Baloon Pump (IABP)**
- **ECMO AV**

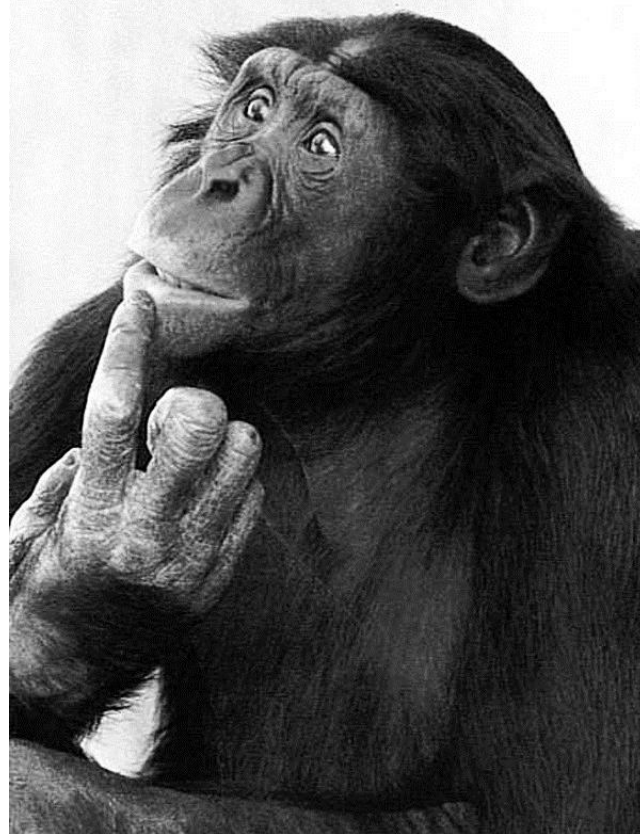
Complicanze postoperatorie:

- **Cerebrovascolari**
- **Respiratorie**
- **Renali**
- **Aritmiche (fibrillazione atriale)**
- **Sanguinamenti**
- **Occlusione bypass (IMA)**
- **Infezioni di ferita**

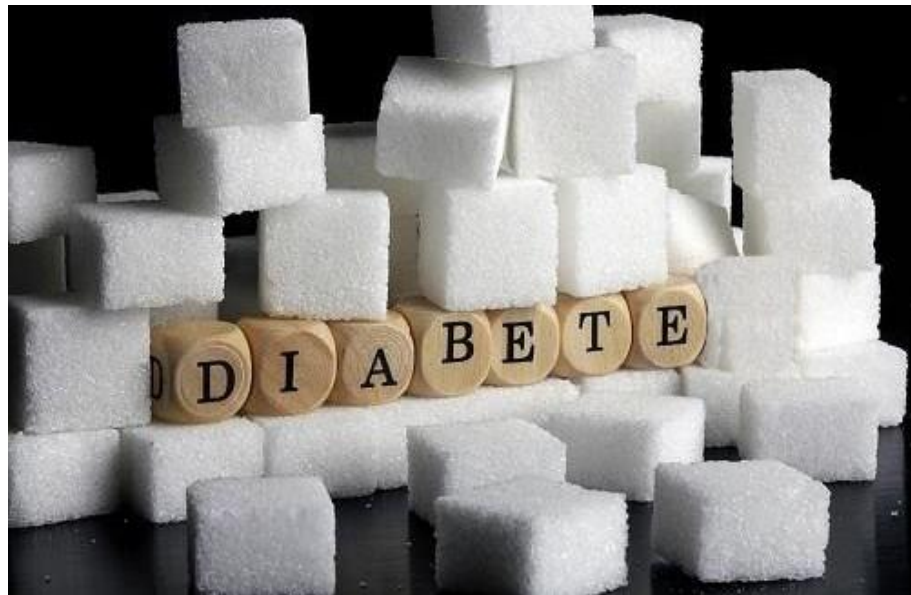
Precauzioni / Raccomandazioni postop.:

- **Antiaggreganti**
- **Statine**
- **Controllo glicemico**
- **β – bloccanti**
- **ACE – inibitori**
- **Sospensione del fumo**
- **Riabilitazione cardiovascolare**

...e dopo il bypass?



Controllare i valori pressori e la glicemia



Sospensione completa del fumo



ed una sana alimentazione

...oltre ad un aumento dell'att. fisica





The end