







WILL HE SUCCEED IN REPAIRING IT? ROLE OF ANAESTHESIOLOGIST

Dr. Trompeo A.C. Anesthesia and Critical Care Department Service of Cardiovascular Anaesthesia University of Turin.



GIORNATE CARDIOLOGICHE TORINESI





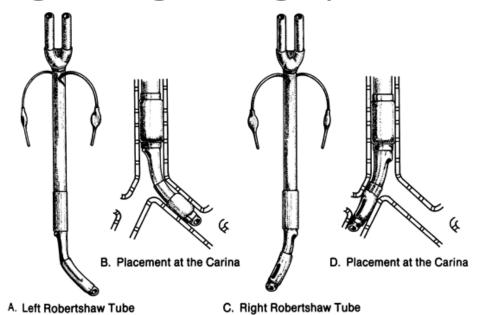
Intraoperative: Anaesthesiological Management

- One Lung Ventilation
- Vein Cannulation
- Aortic clamping technique choice
 - Endoclamp 65
 - Transthoracic (Chitwood clamp)
- TOE analysis
 - Heart/mitral valve repair feasibility
 - cannulation/aortic clamp
 - post-repair mitral/tricuspid valve assessment
- NIRS cerebral oxymetry
- Post operative pain: different point of view



OLV

Endotracheal intubation with a double lumen tube to allow single lung ventilation with collapse of the right lung during operation



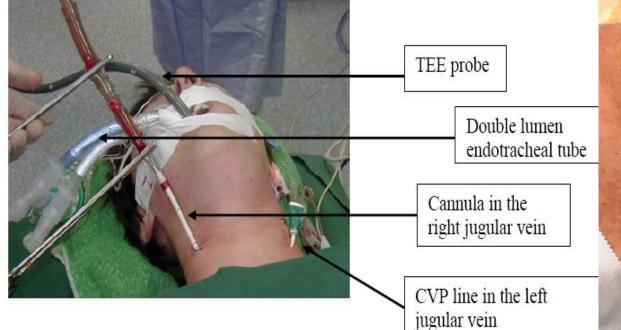


GIORNATE CARDIOLOGICHE TORINESI

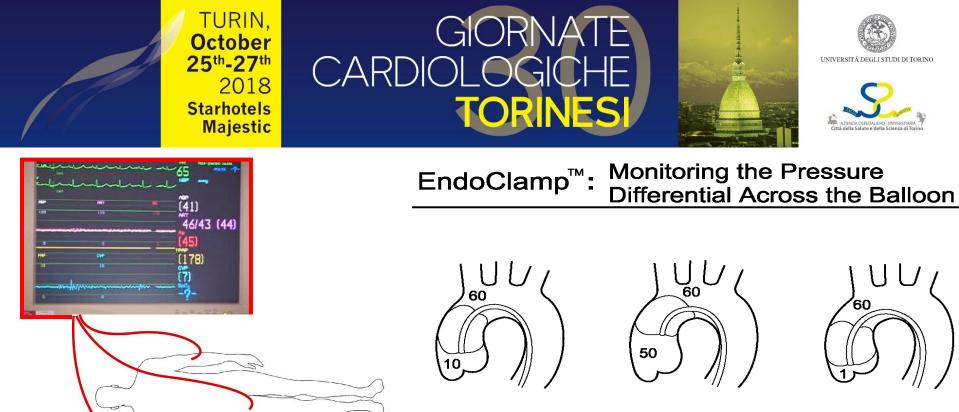




VEIN CANNULATION







A. CLAMPING

B. ANTEGRADE CARDIOPLEGIA DELIVERY C. AORTIC ROOT VENTING

Main problems:

 Inflation volume depending on ascending aorta

Balloon dislodgment: Sodium nitroprusside objective PP 60mmHg
Aortic plaques/dissection

Monitor both radial artery to check balloon dislodgement

TEE ascending aorta diameter

aortic LA 120°

Descending Aorta SA









Postoperative:

1) REDUCTIONS IN THE DURATION OF MECHANICAL VENTILATION WITH MINIMALLY INVASIVE APPROACHES

2) CPB AND CROSSCLAMP TIMES ARE LONGER WITH MI-MVR, BUT THERE IS NO EVIDENCE THAT THIS TRANSLATES INTO INCREASED MORBIDITY OR MORTALITY COMPLICATIONS

3) DECREASE OF POSTOPERATIVE ATRIAL FIBRILLATION CAN LEAD TO SEVERAL UNDESIRED OUTCOMES INCLUDING

- THROMBOEMBOLIC EVENTS
- PROLONGED HOSPITAL LENGTHS OF STAY
- INCREASED
- CASE COSTS.

4) STROKE AND DISSECTIONS



GIORNATE CARDIOLOGICHE TORINESI





TEAMWORK IS THE KEY TO SUCCESS

THANKS FOR THE ATTENTION