

Kardiochirurgický indikační protokol – („Kardio-tým“)

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Kardiochirurgický indikační protokol – („Kardio-tým“)

- Indikační pohovory
- SYNTAX a PARTNER
- Clinical guidelines for PCI and CABG from the American College of Cardiology, American Heart Association, and European Society of Cardiology

Kardiochirurgický indikační
protokol – („Kardio-tým“)

**Multidisciplinary decision making
(Heart Team)**

The heart team

- **The heart team** is a multidisciplinary team that includes the clinical cardiologist, cardiac surgeon, and interventionalist and works together using evidence-based protocols to identify the best approach for patients with coronary artery disease or structural heart disease.



Heart team approach

Clinical condition

Multidisciplinary decision making

Shock	Not mandatory
STEMI	Not mandatory
NSTE – ACS	Not required for culprit lesion but required for nonculprit vessel(s)
Other ACS	Required
Stable MVD	Required
Stable with indication for <i>ad hoc</i> PCI	According to predefined protocols.

Multidisciplinary decision making (Heart Team)

Non-emergent high risk PCI procedures, including those performed for distal left main (LM) disease, complex bifurcation stenosis involving large side branches, single remaining coronary artery, and complex chronic total occlusion (CTO) recanalization, should be performed by adequately experienced operators at centres that have access to circulatory support and intensive care treatment, and have cardiovascular surgery on site

Multidisciplinary decision making (Heart Team)

For patients with stable CAD and multivessel or LM disease, all relevant data should be reviewed by a clinical/non-invasive cardiologist, a cardiac surgeon, and an interventional cardiologist (Heart Team) to determine the likelihood of safe and effective revascularization with either PCI or CABG. To ensure this review, myocardial revascularization should in general not be performed at the time of diagnostic angiography

Multidisciplinary decision making (Heart Team)

'four principles' approach to healthcare ethics:

- autonomy,
- beneficence,
- non-maleficence,
- justice

Multidisciplinary decision making (Heart Team)

Table 6 Recommendations for decision making and patient information

	Class ^a	Level ^b
It is recommended that patients be adequately informed about the potential benefits and short- and long-term risks of a revascularization procedure. Enough time should be spared for informed decision making.	I	C
The appropriate revascularization strategy in patients with MVD should be discussed by the Heart Team.	I	C

^aClass of recommendation.

^bLevel of evidence.

MVD = multivessel disease.

Multidisciplinary decision making (Heart Team)

Table 5 Potential indications for *ad hoc* percutaneous coronary intervention vs. revascularization at an interval

<i>Ad hoc</i> PCI
Haemodynamically unstable patients (including cardiogenic shock).
Culprit lesion in STEMI and NSTEMI-ACS.
Stable low-risk patients with single or double vessel disease (proximal LAD excluded) and favourable morphology (RCA, non-ostial LCx, mid- or distal LAD).
Non-recurrent restenotic lesions.
Revascularization at an interval
Lesions with high-risk morphology.
Chronic heart failure.
Renal failure (creatinine clearance <60 mL/min), if total contrast volume required >4 mL/kg.
Stable patients with MVD including LAD involvement.
Stable patients with ostial or complex proximal LAD lesion.
Any clinical or angiographic evidence of higher periprocedural risk with <i>ad hoc</i> PCI.

Multidisciplinary decision making (Heart Team)

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Multidisciplinary decision making (Heart Team)

Revascularization at an interval

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Renal failure (creatinine clearance <60 mL/min), if total contrast volume required >4 mL/kg.

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Any clinical or angiographic evidence of higher periprocedural risk with *ad hoc* PCI.

Multidisciplinary decision making (Heart Team)

clinical findings

evidence based medicine data

Multidisciplinary decision making (Heart Team)

clinical findings

evidence based medicine data

- awareness of other factors such as

Multidisciplinary decision making (Heart Team)

clinical findings

evidence based medicine data

- awareness of other factors such as
 - sex,
 - race,
 - availability,
 - technical skills,
 - local results,
 - referral patterns,
 - and patient preference

Multidisciplinary decision making (Heart Team)

- interventional cardiologist
- cardiac surgeon

Multidisciplinary decision making (Heart Team)

- interventional cardiologist
- cardiac surgeon
- non-invasive cardiologist
- clinical cardiologist

Multidisciplinary decision making (Heart Team)

- interventional cardiologist
- cardiac surgeon
- non-invasive cardiologist
- clinical cardiologist
- electrophysiologist

Multidisciplinary decision making (Heart Team)

- interventional cardiologist
- cardiac surgeon
- non-invasive cardiologist
- clinical cardiologist
- anesthesiologist
- other specialty

Multidisciplinary decision making (Heart Team)

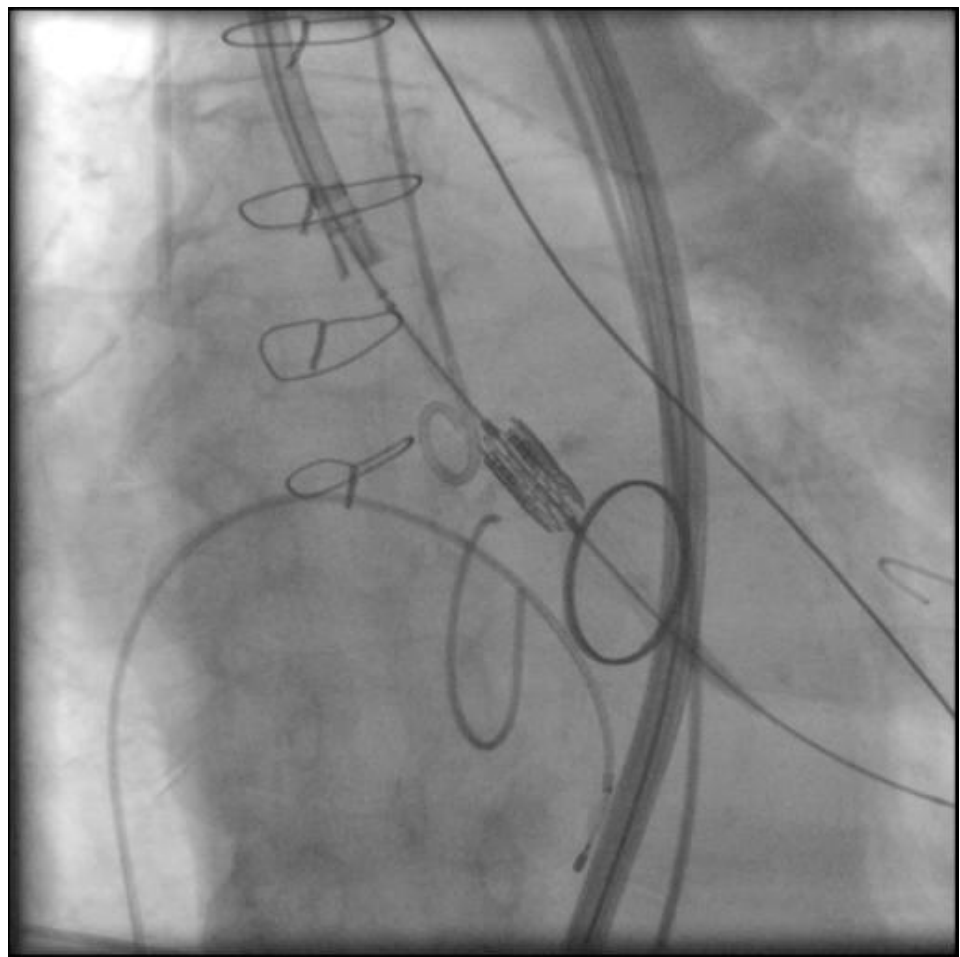
- interventional cardiologist
- cardiac surgeon
- non-invasive cardiologist
- clinical cardiologist
- Additional input may be needed from
 - general practitioners,
 - anaesthesiologists,
 - geriatricians,
 - or intensivists.

Multidisciplinary decision making (Heart Team)

- Consensus on the optimal treatment should be documented.

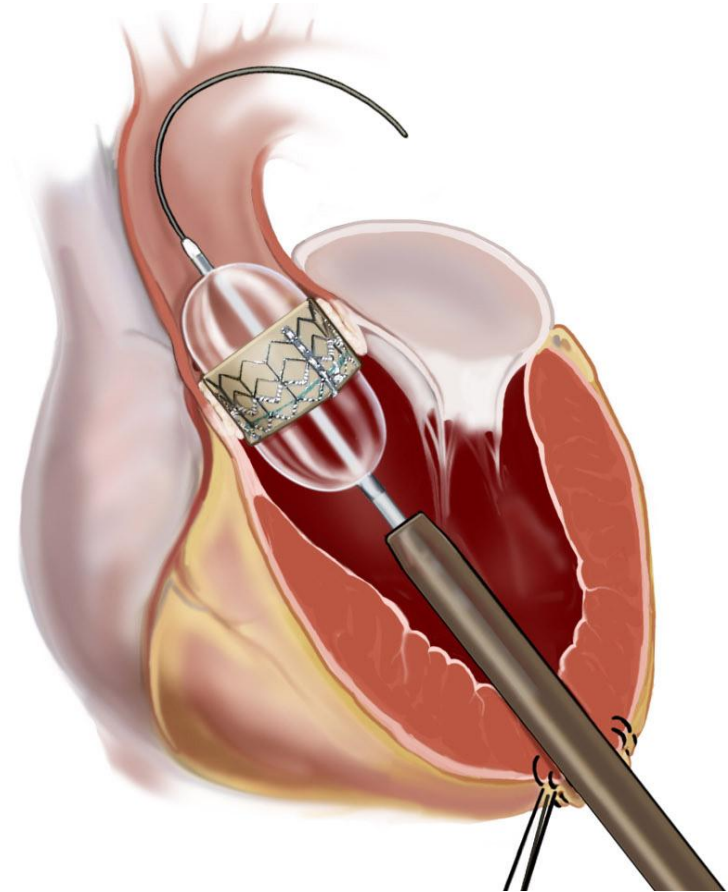
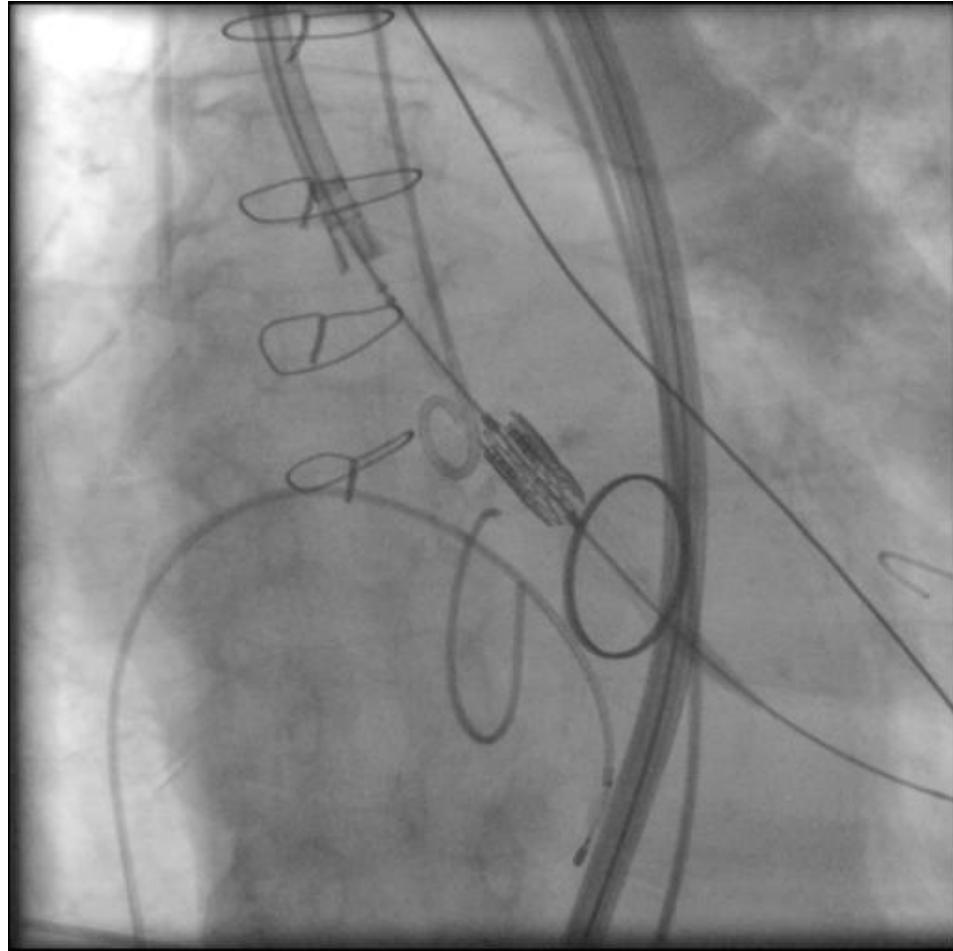
- avoid self-referral

Multidisciplinary decision making (Heart Team)



Multidisciplinary decision making (Heart Team)

Transapical



TAVI

- ČR požadavek
 - indikace schválena komisí TAVI
 - 2 licencovaní intervenční kardiologové
 - 2 atestovaní kardiochirurgové

TAVI

- ČR požadavek
 - indikace schválena komisí TAVI
 - 2 licencovaní intervenční kardiologové
 - 2 atestovaní kardiochirurgové
 - echokardiografista
 - klinický kardiolog

Multidisciplinary decision making (Heart Team)

- 2012 will reinforce the role of the clinical cardiologist on the heart team, covering new therapies and techniques, updates on guidelines, patient selection, structural heart disease, and new approaches in heart team decision-making and collaboration



HAIR TEAM

- KLIPPNING fr. 160.-
- FÄRG / SLING fr. 390:-
- PERMANENT fr. 490:-
- FRANSAR / BRYN 150:-

08-650 45 34



DROP IN





DETUNAVNIA BERGEN BEVIA