

Zdravstvena njega kod bolesnika nakon transkateterske ugradnje aortne valvule

Health care after transcatheter aortic valve implantation procedure

Marijana Gačić*,
Marija Renić,
Ivana Martinović,
Ana Ljubas

Klinički bolnički centar Zagreb,
Zagreb, Hrvatska
University Hospital Centre
Zagreb, Zagreb, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Marijana Gačić, Klinički bolnički centar Zagreb, Kišpatičeva 12, HR-10000 Zagreb, Croatia. / Phone: +385-99-504-47-63 / E-mail: gacic.marijana@gmail.com

ORCID: Marijana Gačić, <http://orcid.org/0000-0002-7235-8226> · Marija Renić, <http://orcid.org/0000-0002-3367-7355>
Ivana Martinović, <http://orcid.org/0000-0001-7773-5599> · Ana Ljubas, <http://orcid.org/0000-0001-5157-6200>

Aortna stenoza je česta valvularna bolest osoba starije životne dobi. Zlatni standard u liječenju teške simptomatske aortne stenozе je kirurška zamjena aortalne valvule.¹ Međutim, bolesnici u poodmakloj životnoj dobi i s višestrukim komorbiditetima imaju značajan operacijski rizik. Stoga je razvijena transkateterska ugradnja aortne valvule (TAVI).

TAVI je manje invazivan postupak i nosi manje rizika za komplikacije od klasičnog kirurškog zahvata.² Uloga medicinske sestre je ključna u svim aspektima skrbi za bolesnike. Prije izvođenja postupka sestra ima važnu ulogu u koordinaciji multidisciplinarnog tima, pripremi i edukaciji bolesnika i članova obitelji.

Iako je postupak manje invazivan, postproceduralna skrb za bolesnike je složena i zahtjevna. Usmjeren je na hemodinamsku stabilizaciju bolesnika i praćenje komorbidnih stanja. Praćenje simptoma i znakova krvarenja iz pristupnih sučelja. Rana mobilizacija i praćenje pojavnosti mogućih komplikacija su važni aspekti zdravstvene njege.

Budući da neki bolesnici imaju značajnu hipertrofiju lijeve klijetke i dijasoličnu disfunkciju važno je pratiti ravnotežu tekućina. Važno je voditi računa o primjerenom opterećenju kako bi se održavao srčani minutni volumen i perfuzija ekstremiteta.

Nadalje, mnogi pacijenti imaju insuficijenciju bubrega i postproceduralno zahtijevaju hidrataciju kako bi se smanjila akutna ozljeda bubrega. Velika pozornost mora biti usmjerena na kontinuirano praćenje elektrokardiogram najmanje i neurološkog statusa.

Iako je TAVI manje invazivan način zamjene aortne valvule, od kojeg se bolesnici brzo oporave zdravstvena njega je složena i zahtjevna. Budući da je u našoj kliničkoj praksi nova metoda liječenja medicinske sestre moraju razvijati znanja o rizicima, prednostima i mogućim komplikacijama. Nova saznanja jačat će ulogu medicinske sestre u multidisciplinarnom timu i pridonijeti poboljšanju kvalitete života bolesnika.

Aortal stenosis is quiet often valvular disease, especially in elderly people. The gold standard in medical treatment is surgical aortal valvular replacement.¹ Although, people of advanced age and with multiple comorbidities often have high surgical risk. That is the main reason why TAVI procedure is developed as optimal treatment in that category of patients.

TAVI is less invasive and have less perioperative risk than classical cardiosurgical procedure.² The role of medical nurse is very important in all aspects of medical care. The nurse has important role in coordination with multidisciplinary team before TAVI procedure and later in education of the patients and family members.

Although TAVI procedure is less invasive, the postprocedural treatment is demanding and quiet complicated. It is very important to monitor hemodynamic status and taking into considerations all the comorbidities. Early mobilization and complications are important aspects in medical care.

Whereas some patients have diastolic dysfunction and hypertrophic left ventricle it is important to follow adequate volume status and optimize cardiac output and systemic perfusion. Many of this patients have chronic renal impairment and optimal postprocedural hydration is demand as protection of acute renal injury. ECG monitoring and neurological status changes are also required.

TAVI procedure is less invasive method in high grade symptomatic aortal stenosis after which patients are very soon mobile, the medical health care is quiet demanding and complicated. Because this is new medical approach in treatment, medical nurses should be adequately familiar with risks, advances and possible complications of this procedure. New researches will make much stronger roll of medical nurses in multidisciplinary team approach and give more quality in medical treatment of this patients.

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