

Transkateterska implantacija aortnog zaliska u Kliničkoj bolnici Dubrava: rezultati i uloga medicinske sestre u perioperativnom liječenju

Transcatheter Aortic Valve Implantation in University Hospital Dubrava: Results and the Nurse's Role in Perioperative Management

Milka Grubišić*

Klinička bolnica Dubrava,
Zagreb, Hrvatska
University Hospital Dubrava,
Zagreb, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Milka Grubišić, Klinička bolnica Dubrava, Avenija Gojka Šuška 6, HR-10000 Zagreb, Croatia. / Phone: +385-91-667-72-39 / E-mail: grubisic@kdb.hr

ORCID: Milka Grubišić, <http://orcid.org/0000-0003-2092-5396>

Uvod: Transkateterska implantacija aortnog zaliska (TAVI) je metoda kojom se biološki aortni zalistak ugrađuje na mjesto prethodno stenotičnog aortnog zaliska, putem katetera, transfemoralnim, transaortalnim ili transapikalnim pristupom. TAVI je indiciran kod bolesnika sa simptomatskom aortnom stenozom, koji zbog visokog perioperativnog rizika i komorbiditeta nisu kandidati za klasičnu kardiokiruršku operaciju zamjene aortnog zaliska.^{1,2} Starenjem populacije sve je više bolesnika sa teškom aortnom stenozom kod kojih TAVI kao inovativna metoda, uvedena u kliničku praksu 2002. godine, predstavlja novi modalitet liječenja. Uspješnost TAVI procedure značajno ovisi o dobroj suradnji i organizaciji „Heart Team-a“. Za medicinsku sestru koja sudjeluje u liječenju ovih bolesnika, a neizostavni je dio „Heart Team-a“ važno je da je upoznata sa načinom implantacije i pristupom ugradnje, s često prisutnim višestrukim komorbiditetima bolesnika te najčešćim postoperativnim komplikacijama poput totalnoga atrioventrikularnog bloka, fibrilacije atrija, krvarenja ili infekcije rane u preponi. Iako takvi bolesnici nisu posve različiti od ostalih kardiokirurških bolesnika, posebnost same procedure, često odmakla životna dob i komorbiditeti, čine njihovu skrb izazovnom. Uz osnovnu bolest prisutni komorbiditeti često su šećerna bolest, kronično bubrežno zatajivanje ili srčano zatajivanje, stanje nakon ranije kardiokirurške operacije, kronična opstruktivna bolest pluća pa je često potrebna skrb zahtjevnija i složenija.

Rezultati: U Kliničkoj bolnici Dubrava prvi je postupak TAVI učinjen 2011. godine i od tada je ovom metodom uspješno liječeno 67 bolesnika, od kojih većinom muškoga spola (58%) srednje dobi 80 godina. Tridesetodnevno preživljenje iznosi 98%, a trogodišnje 83%.

Zaključak: Budući da ishod TAVI metode uvelike ovisi o preoperativnoj pripremi bolesnika u smislu poboljšanja kliničkog kao i nutritivnog statusa bolesnika, velika je uloga upravo medicinske sestre, s ciljem smanjenja postoperativnih komplikacija, smanjenog boravka u jedinicama intenzivne skrbi te u konačnici poboljšanja kvalitete života starijih osoba. Stalna sestrińska edukacija i izmjena iskustava oko perioperativne skrbi TAVI bolesnika donosi bolje rezultate te omogućuje sestrama važno mjesto u modernom TAVI „Heart Team-u“.

Introduction: Transcatheter aortic valve implantation (TAVI) is a method for replacing stenotic aortic valve with bioprosthesis through transfemoral, transaortic or transapical approach. TAVI is indicated in patients with symptomatic severe aortic stenosis who are not candidates for surgical aortic valve replacement due to high operative risk and comorbidities.^{1,2} With aging of population there are more patients with severe aortic stenosis who can benefit from this innovative method that has been introduced in clinical practice since 2002. The success of TAVI procedure is combined effort and organization of each Heart Team. It is important, that the nurse who is an indispensable member of the Heart Team is well acquainted with the procedure, approaches for implantation (transfemoral, transapical or transaortic), multiple comorbidities of patients as well as most common postoperative complications (total atrioventricular block, atrial fibrillation, bleeding or groin wound infection). Although these patients are not entirely different from most cardiac surgical patients, their age, comorbidities and procedure itself makes their care special. Comorbidities that make care for such patients more complex such as diabetes, chronic renal failure, chronic heart failure, chronic obstructive pulmonary disease are often present.

Results: First TAVI procedure in University Hospital Dubrava was performed in 2011. Since then with this method we have successfully treated 67 patients (58% males) with mean age of 80 years. 30-day survival was 98%, and three-year survival is 83%.

Conclusion: As the success of TAVI is dependent on preoperative care of patient in sense of better clinical and nutritive status, the important role is on medical care with goal of lowering postoperative complications, less time in ICU and better quality of life of elderly patients. Continuous nurses' education and exchange of experience in perioperative care of these patients yields better TAVI results, and proves the important role of nurse in modern TAVI Heart Team.

LITERATURE

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