Transradijalni pristup u Klinici za bolesti srca i krvnih žila, Kliničkog bolničkog centra Zagreb

Transradial cardiac catheterisation at the Department of Cardiovascular Diseases, University Hospital Centre Zagreb

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CILJ: Istražiti porast transradijalnog (TR) pristupa na Klinici za bolesti srca i krvnih žila, KBC Zagreb.

PACIJENTI I METODE: Retrospektivno istraživanje u kojem su analizirani podaci od 2000. godine o učestalosti TR pristupa ovisno o indikaciji i vrsti izvođenog zahvata.

REZULTATI: U ustanovi je od 2000. godine ukupno napravljeno 3149 zahvata. U početku su ti zahvati bili pojedinačni, a prvi veći porast ukupnog broja zahvata primjetan je 2007. godine (2006. vs 2007. godine; 22 vs 103). Nakon 2010. god. taj je porast postao konstantan (2010. vs 2013. god.; 178 vs 797). U početku je većina TR kateterizacija srca bila dijagnostička, a perkutana koronarna intervencija (PCI) TR pristupom je učinjena u manjeg broja bolesnika. Tijekom 2010. god. svega 4,45% ukupnih PCI bilo učinjeno TR pristupom, da bi taj postotak u prvoj polovici 2014. narastao na 38,64%. Sličnu dinamiku rasta TR pristupa primjećujemo kada analiziramo vrstu pristupa ovisno o stupnju hitnosti zahvata. Naime, u 2011. 27,36% zahvata kod elektivnih pacijenata je učinjeno TR pristupom, a u prvoj polovici 2014. god. čak 44% što je gotovo jednako udvostručenju. Približno jednaku dinamiku pratimo i kada se radi o pacijentima s akutnim koronarnim sindromom bez ST elevacije (2011. vrs 2014. god, 25,33 vrs 49,84%). Takva dinamika porasta zahvata TR pristupom nije primjećena kod bolesnika s akutnim infarktom miokarda s elevacijom ST-segmenta (STEMI) (2011. vs 2014. god.; 17,05% vs 27,18%).

ZAKLJUČAK: Iz svega navedenog možemo zaključiti da vrijeme potrebno za savladavanje TR pristupa nije tako dugačko kako se u početku očekivalo. Studije navode da je za iskusnog transfemoralnog operatera dovoljno između 50-70 transradijalnih zahvata kako bi postao iskusen transradijalni operater. Ipak, potrebno je poticati povećanje broja primarnih PCI transradijalnim pristupom u bolesnika sa STEMI, budući da je upravo u toj skupini pokazana najveća prednost TR pristupa.^{1,2}

AIM: To investigate increase of transradial (TR) approach on Department of Cardiovascular Diseases, University Hospital Centre Zagreb.

PATIENTS AND METHODS: We performed a retrospective study in which we analysed data from 2000 concerning TR approach dependent on indication and type of interventional procedure.

RESULTS: Since 2000 a total of 3149 interventions have been performed. In the beginning, these were sporadic interventions. In 2007 a first major increase in the total number of interventions was observed (2006 vs. 2007; 22 vs. 103). Following 2010, this growth was reported continuously over the years (2010 vs. 2013; 178 vs. 797). At first, most TR cardiac catheterisation procedures were of diagnostic nature and percutaneous coronary intervention (PCI) using TR approach was performed only in a minor portion of patients. For example, in 2010, as low as 4.45% of total PCI interventions were performed using TR approach while in the first half of 2014 this percentage rose to as high as 38.64%. Similar growth dynamics was observed when we analysed percentage of TR approach depending on the stage of urgency. TR approach have increased in elective and non-ST elevation acute coronary syndrome from 27.36% and 25.33% in 2011, to 44% and 49.84% in the first half of 2014. The same growth dynamics of interventions using TR approach was not observed in patients with ST-segment elevation acute myocardial infarction (STEMI) (2011 vs. 2014; 17.05% vs 27.18%).

CONCLUSION: All of the above mentioned leads us to conclude that the time needed to learn the TR technique (the learning curve) is not as long as it was first expected. Studies reported that it took around 50-70 transradial interventions for an experienced transfemoral operator to become a fully experienced transradial operator. It is necessary to stimulate increase in the number of primary PCIs using TR approach in patients with STEMI as this is the group where the greatest advantage of TR approach has been proven.^{1,2}

LITERATURE

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