Sestrinska skrb za pacijenta u pripremi i tijekom intervencije na perifernim arterijama transradijalnim pristupom

The role of nurses / technicians in the Catheterization Laboratory during the peripheral interventions using transradial access

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Transradijalni pristup sve češće se koristi u dijagnostici i intervencijskom liječenju periferne arterijske bolesti.¹ Osnovno ograničenje za značajniju primjenu je udaljenost radijalne arterije od arterija donjih ekstremiteta. Uobičajene arterije koje su dostupne za intervenciju transradijalnim pristupom su renalne arterije, gornja mezenterička arterija te arterije zdjelice dok za distalnije arterije nije dostupna intervencija s danas trenutno dostupnim materijalom. Dobro su poznate mnogobrojne prednosti transradijalnog pristupa u komparaciji s femoralnim pristupom. Pozicija bolesnika u Sali za transradijalnu perifernu intervenciju je uobičajena s glavom naprijed uz pripremu najčešće lijeve radijalne arterije te prema potrebi i femoralnih arterija. Nakon uvođenja prvo najčešće dijagnostičkog „pig tail“ katetera prelazi se na intervenciju uz izmjenu kratke u dugačku uvodnicu.

U Sali za intervencijsku kardiologiju od 2011. do listopada 2016 godine učinjeno je 120 transradijalnih procedura u svrhu dijagnostike i liječenja periferne arterijske bolesti. U 13 s slučajeva transradijalni pristup bio je i jedini pristup kod intervencije dok je u 34 slučaja transradijalni pristup bio dodatni intervencijski pristup uz femoralni. Sve su intervencije učinjene na zdjelčnim arterijama. Pristup u liječenju periferne bolesti u današnje je vrijeme rezerviran većinom za transfemoralni. U tijeku je razvoj materijala koji će omogućiti lakše i brže izvođenje intervencija te uključivanje sve više transradijalno orijentiranih laboratorija u liječenje periferne arterijske bolesti.

Usage of transradial approach for diagnostics and angioplasty of peripheral arteries in recent years is constantly growing.¹ The main limit to more significant application is the distance of the radial artery to the lower limb arteries. Arteries that are available for transradial access are: renal artery, superior mesenteric artery and the arteries of the pelvis while more distal arteries (eg. a. femoralis superficialis) according to the available materials are not. Advantages of the transradial approach in interventional cardiology in comparison to femoral are very well known. The usual position of patient in the Cath Lab for transradial peripheral intervention is with head forward. Most common used is left radial approach with if necessary femoral arteries in addition. The procedure starts with introducing diagnostic "pig tail" catheter. Before the angioplasty short introducer has to be replaced to a long one (commercially available introducer is 100 cm).

In our Cath Lab from January 2011 to October 2016 for diagnostics and/or angioplasty of peripheral arteries 120 transradial procedures were performed. In 14 cases transradial approach was the only approach needed while in 36 cases femoral access was used as an additional to radial. All interventions were performed at the pelvic arteries. Nowadays the leading approach for catheterization of peripheral arteries is still femoral. According to rapid development of new materials that will enable interventions on more distal arteries the number of transradial dedicated Cath Lab's for that purpose will rise.

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LITERATURE

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