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High risk offpump CABG anaesthesiology & intensive care issues

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Off-pump coronary artery bypass (OPCAB) surgery has shown to have some advantages compared to on-pump cardiac surgery, particularly the reduction in postoperative complications including systemic inflammation, myocardial injury and cerebral injury. The anaesthesiologist has to deal with different issues including hemodynamic instability and myocardial ischemia during aorto-coronary bypass grafting. The anaesthesiologist and surgeon should collaborate and plan the best perioperative strategy to provide optimal care and ensure a rapid and complete recovery. Off pump CABG in poor LV function is controversial. Preoperatively we stratify patients according to euro score and manage accordingly. In poor LV & acute MI patients were primarily induced with opioids anaesthetic agents and followed by slow extubation guided by cardiac output and clinical

state of patient. Intra-aortic balloon pump(IABP) was inserted according to patient's preoperative clinical state, pulmonary artery pressure or depending on coronary lesion anatomy. IABP is usually removed post extubation guided by Pulmonary artery pressure monitoring and echocardiographic functioning of heart. Intra-aortic balloon pump was gradually weaned from 1:1 to 1:2 & 1:3, followed by reduction in support of intra-aortic balloon pump volume. Poor LV function patients are electively ventilated in our institute for Post-operative day 1 and are extubated on post-operative day 2. Intra-aortic balloon pump was removed by day 4 and usually these patients get discharged by pod 7. We would like to outline some protocols followed in our institution for off pump CABG in poor LV function patients and acute myocardial infarctation.

Biography

Dr Vikram Arora has completed his MD in 2010 after that he worked for a year in Fortis Escorts hospital, Okhla N. Delhi as senior resident. He completed his fellowship in cardiac anaesthesia from Fortis hospital, Mohali. He was trained in both adult and paediatric cardiac cases. He was also trained in transoesophageal echocardiography during his fellowship period. He worked as Attending consultant in Fortis Hospital, Mohali. Then from 2014-2018 he joined Max super Speciality Hospital as Associate Consultant. He joined as Consultant Cardiac Anaesthesia from April 2018 in IVY hospital Mohali. Dr Vikram has experience of over 2500 cardiac cases.

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