Cardiac catheterization

Name: MRN:

DOB:

Gender Identity: Male

Height: 1.753 m (5' 9")

Weight: 110 kg (242 lb 15.2 oz)

BSA: 2.24 m² BP: 128/75 HR: 79 Date of Study: 8/3/23
Ordering:

Indications: NSTEMI (non-ST elevated

myocardial infarction) (CMS/HCC)

[I21.4 (ICD-10-CM)]

Performing Physician

Primary:

Performing Staff

Scrub Person:
Monitor Person:
Sedation RN:
Circulator Primary:
Circulator Primary:
Monitor Person:
Sedation RN:



**□** Cardiac catheterization: Patient Communication

Released

Seen!

**Physicians** 

Panel Physicians Referring Physician Case Authorizing Physician

(Primary)

### **Procedures**

Coronary angiography with LV Percutaneous coronary intervention

## **Pre Procedure Diagnosis**

NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC) [I21.4]

#### Indications

NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC) [I21.4 (ICD-10-CM)]

#### Conclusion

#### **SUMMARY**

- Inferior STEMI
- Successful mechanical thrombectomy of the distal RCA with POBA of the PDA and restoration of TIMI 3 flow. Symptoms had resolved. IVUS shows no significant plaque at hte site of the occlusion suspicious of embolism rather than plaque rupture. The PDA is a very small distal vessel that is diffusely disease favors medical therapy.
- Residual mild LAD and Lcx disease.
- Intervention and cannulation of the RCA was performed via R femoral approach.
- Recommend femoral access for any further angiograms

#### **RECOMMENDATIONS:**

- Usual post catheterization care.
- Follow-up care as directed by the primary team

- 3. Recommend continuing cardiac risk factor modification
- 4. Plavix 75 mg daily and consideration of NOAC.
- 5. Engage the structural heart team and consider cardiac CT.

#### **INDICATION AND CLINICAL BRIEF**

is a 70 y.o. male with who has presented with ST Elevation Myocardial Infarction (STEMI) and is referred for coronary angiography.

#### PROCEDURES PERFORMED

107 minutes of moderate Sedation,
Ultrasound guided R femoral arterial access; right radial access
Coronary Angiography (100% occlusion of the distal RCA)
Mechanical thrombectomy
Intravascular Ultrasound
Technically difficult secondary to previous Medtronic Core TAVR valve

### **ACCESS SITES/SHEATH/CLOSURE:**

**Right Radial Artery:** 5 Fr long sheath. Closure: Patent Hemostasis with compression band.

**Right femoral artery**: 6 French sheath, manual compression

#### **PROCEDURE**

Informed written consent was obtained. The patient was brought to the cath lab. The right wrist was cleaned and draped in the usual fashion. Lidocaine was used for local anesthesia. Using a micropuncture kit, sheath was placed in the right radial artery. Verapamil was administered through the side port of the sheath for prophylaxis against spasm. As the patient was on heparin prior to arrival, an ACT was obtained and additional heparin was dosed as needed.

Diagnostic coronary angiography was performed using a 5 Fr JL3.5 guide and then multiple catheters to engage the RCA via R right radial approach. Left heart catheterization was not performed. Decision was made to proceed with percutaneous coronary intervention. We ultimately switched to right femoral approach after trying to use multiple guides and were unable to engage the RCA secondary to the angle and the previously placed medtronic TAVR valve.

We elected to use heparin with targeted ACT and Integrilin® (eptifibatide) for peri-procedural anticoagulation. The coronary artery was engaged using a JR4 guiding catheter. A 014 runthrough coronary guidewire was advanced to the distal vessel. The was appreciated along the distal RCA. Mechanical thrombectomy was performed using a penumbra. Visible thrombus was appreciated with aspiration and then POBA was performed of the PDA and intra-coronary nicardipine was given. Final angiography demonstrated no evidence of dissection or perforation, TIMI III flow and no residual stenosis.

The catheter was withdrawn and sheath removed. A compression device was applied for good hemostasis. There were no immediate complications. A loading dose of Clopidogrel was orally administered. The patient is transported to his room in stable condition.

#### DISPOSITION

- IMCU

#### **MODERATE SEDATION**

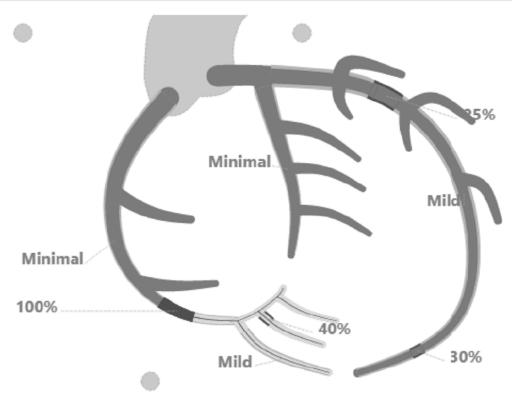
107 minutes of moderation sedation was achieved with Versed and Fentanyl. Monitoring of the patient's vital signs and respiratory status was performed under my supervision by trained nursing staff during the entire course of the procedure and recorded in the patient's medical record. The duration of sedation is as noted in the procedure log.

#### Phase: Baseline

Data	Systolic (mmHg)	Diastolic (mmHg)	Mean (mmHg)	A Wave (mmHg)	V Wave (mmHg)
<b>AO Pressures</b>	97	69	73		
	103	75	102		

## Coronary Findings

Diagnostic Dominance: Right



#### Left Main

The vessel is moderate in size and is angiographically normal.

#### Left Anterior Descending

The vessel is moderate in size. There is mild diffuse disease throughout the vessel. The vessel is mildly calcified.

Mid LAD lesion is 25% stenosed.

Dist LAD lesion is 30% stenosed.

#### Left Circumflex

The vessel is moderate in size. The vessel exhibits minimal luminal irregularities.

#### **Right Coronary Artery**

The vessel is moderate in size. The vessel exhibits minimal luminal irregularities.

Dist RCA lesion is 100% stenosed.

#### Right Posterior Descending Artery

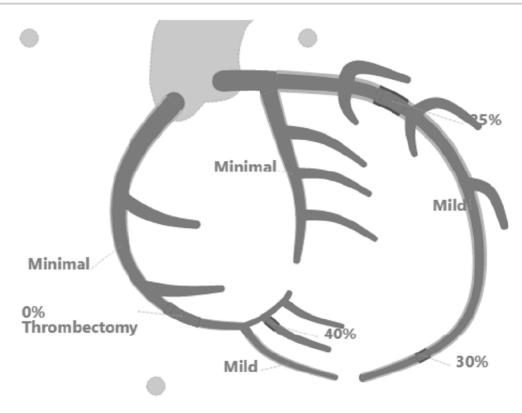
The vessel is small. There is mild diffuse disease throughout the vessel.

#### Right Posterior Atrioventricular Artery

The vessel is small.

First Right Posterolateral Branch

## Intervention



## Dist RCA lesion

## Thrombectomy

There is a 0% residual stenosis post intervention.

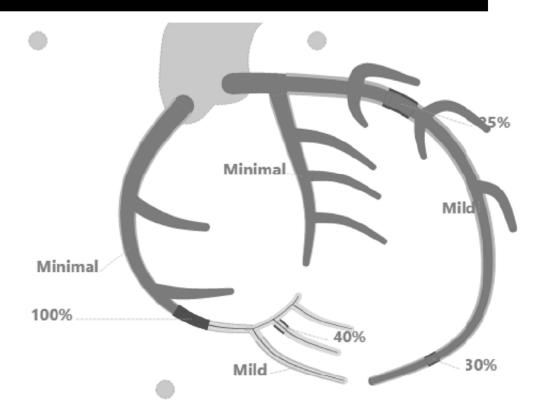
## **Implants**

No implant documentation for this case.

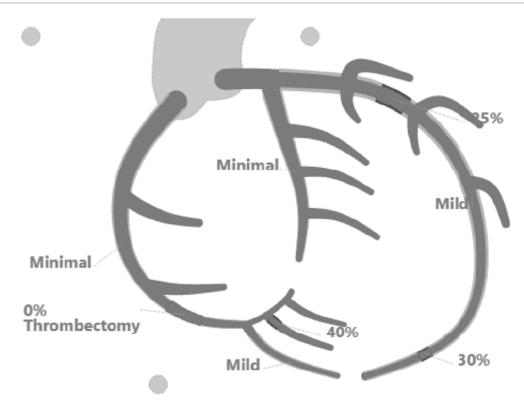
# **Coronary Findings**

Diagnostic

Dominance: Right Number of lesions: 4



Intervention Number of interventions: 1



## **PACS Images**

(Link Unavailable) Show images for Cardiac catheterization

## Signed

Electronically signed by on 8/3/23 at 2059 PDT

# **Link to Procedure Log**

Procedure Log

# Printable Result Report

**⇔** Encounter

Result Report

View Encounter