

Hybridní koronární revaskularizace

MIDCAB a PCI: Kdy indikovat? Pohled kardiochirurga

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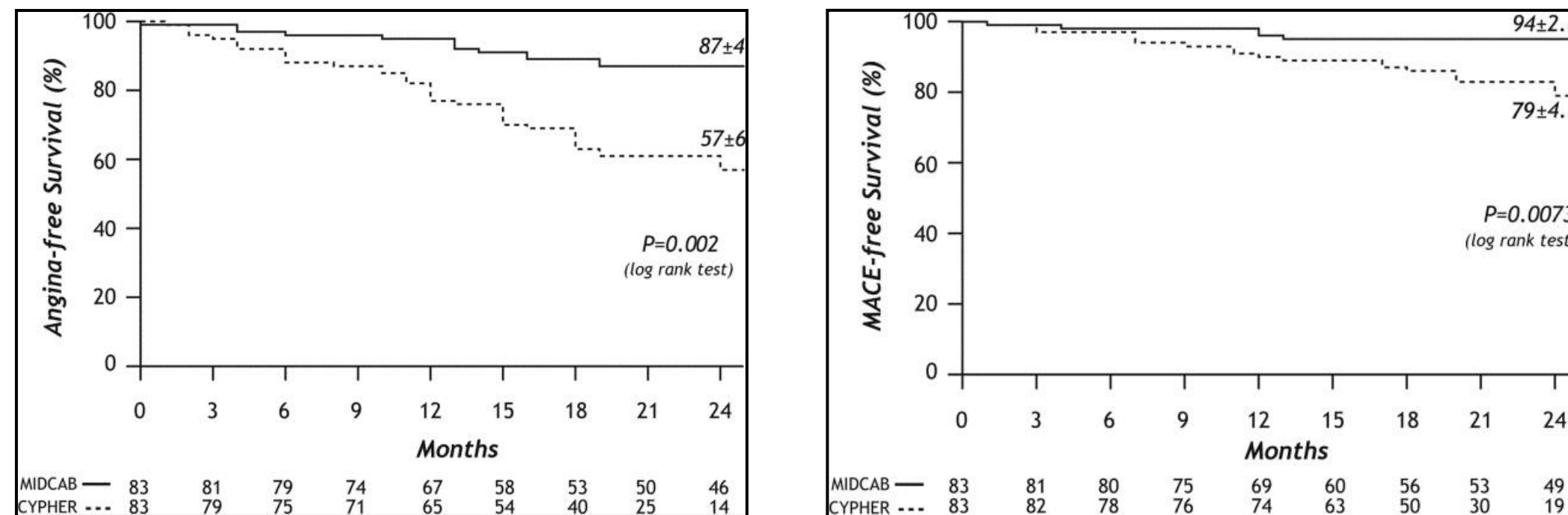


Současný stav: ESC/EACTS Guidelines

<p>Table of contents</p> <p>Abbreviations and acronyms 90</p> <p>1 Preamble 93</p> <p>2 Introduction 94</p> <p>2.1 What is new in the 2018 Guidelines? 95</p> <p>3 Diagnostic tools to guide myocardial revascularization 96</p> <p>3.1 Non-invasive diagnostic tools 96</p> <p>3.1.1 Assessment of myocardial ischaemia 96</p> <p>3.1.2 Assessment of myocardial viability in patients with heart failure and coronary artery disease 96</p> <p>3.2 Invasive diagnostic tools 96</p> <p>3.2.1 Pressure-derived fractional flow reserve 96</p> <p>3.2.1.1 Use of fractional flow reserve in patients with intermediate-grade coronary stenosis including left main stenosis 96</p> <p>3.2.1.2 Use of fractional flow reserve to identify lesions requiring revascularization in patients with multivessel coronary artery disease undergoing percutaneous coronary intervention 97</p> <p>3.2.1.3 Fractional flow reserve-guided management vs. medical therapy in patients with coronary artery disease 97</p> <p>3.2.2 Other pressure-derived indices 97</p> <p>3.2.3 Use of fractional flow reserve and pressure-derived indices in patients with severe aortic stenosis 98</p> <p>3.2.4 Use of intravascular imaging for diagnostic assessment of stenosis 98</p> <p>3.3 Gaps in the evidence 98</p> <p>4 Process for decision-making and patient information 98</p>	<p>4.1 Patient information and informed consent 98</p> <p>4.2 Multidisciplinary decision-making (Heart Team) 99</p> <p>4.3 Timing of revascularization 99</p> <p>5F</p> <p>Minimally invasive techniques</p> <p>Off-pump CABG and preferably no-touch techniques on the ascending aorta, by experienced operators, are recommended in patients with significant atherosclerotic aortic disease. ^{508,509,544,557–559}</p> <p>Off-pump CABG should be considered for subgroups of high-risk patients by experienced off-pump teams. ^{525,557–560}</p> <p>Where expertise exists, minimally invasive CABG through limited thoracic access should be considered in patients with isolated LAD lesions or in the context of hybrid revascularization. ^{143,534,535,561}</p> <p>Hybrid procedures, defined as consecutive or combined surgical and percutaneous revascularization, may be considered in specific patient subsets at experienced centres. ^{536,561–563}</p> <p>6.2 Timing of angiography and intervention 110</p> <p>6.3 Type of revascularization 110</p> <p>6.3.1 Percutaneous coronary intervention 110</p> <p>6.3.1.1 Technical aspects 110</p> <p>6.3.1.2 Revascularization strategies and outcomes 111</p> <p>6.3.2 Coronary artery bypass grafting 111</p>	<p>17.3.2 Peri-interventional treatment 144</p> <p>17.3.3 Post-interventional and maintenance treatment 144</p> <p>17.4 Coronary artery bypass grafting 145</p> <p>17.5 Special conditions 145</p> <p>17.5.1 Antithrombotic therapy after percutaneous coronary intervention in patients requiring oral anticoagulation 145</p>	<p>6.3.3 Percutaneous coronary intervention vs. coronary artery bypass grafting 111</p> <p>6.4 Gaps in the evidence 112</p> <p>7 Revascularization in ST-segment elevation myocardial infarction 112</p> <p>7.1 Time delays 112</p> <p>7.2 Selection of reperfusion strategy 112</p> <p>7.3 Primary percutaneous coronary intervention 113</p> <p>7.4 Percutaneous coronary intervention after thrombolysis and in patients with late diagnosis 114</p> <p>7.5 Gaps in the evidence 114</p> <p>8 Myocardial revascularization in patients with heart failure 116</p> <p>8.1 Chronic heart failure 116</p> <p>8.1.1 Recommendations for myocardial revascularization in patients with chronic heart failure 116</p> <p>8.1.2 Ventricular reconstruction and aneurysm resection 116</p> <p>8.2 Gaps in the evidence 117</p> <p>9 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.1 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.2 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.3 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.4 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.5 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.6 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.7 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.8 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.9 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.10 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.11 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.12 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.13 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.14 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.15 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.16 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.17 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.18 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.19 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.20 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.21 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.22 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.23 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.24 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.25 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.26 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.27 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.28 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.29 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.30 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.31 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.32 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.33 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.34 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.35 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.36 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.37 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.38 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.39 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.40 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.41 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.42 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.43 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.44 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.45 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.46 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.47 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.48 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.49 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.50 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.51 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.52 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.53 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.54 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.55 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.56 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.57 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.58 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.59 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.60 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.61 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.62 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.63 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.64 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.65 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.66 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.67 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.68 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.69 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.70 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.71 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.72 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.73 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.74 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.75 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.76 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.77 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.78 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.79 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.80 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.81 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.82 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.83 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.84 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.85 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.86 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.87 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.88 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.89 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.90 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.91 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.92 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.93 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.94 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.95 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.96 Percutaneous coronary intervention in patients with 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intervention in patients with aortic disease 117</p> <p>9.1.109 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.110 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.111 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.112 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.113 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.114 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.115 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.116 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.117 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.118 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.119 Percutaneous coronary intervention in patients with aortic disease 117</p> 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patients with aortic disease 117</p> <p>9.1.132 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.133 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.134 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.135 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.136 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.137 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.138 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.139 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.140 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.141 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.142 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.143 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coronary intervention in patients with aortic disease 117</p> <p>9.1.167 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.168 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.169 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.170 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.171 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.172 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.173 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.174 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.175 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.176 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.177 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.178 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.179 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.180 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.181 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.182 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.183 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.184 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.185 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.186 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.187 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.188 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.189 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.190 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.191 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.192 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.193 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.194 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.195 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.196 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.197 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.198 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.199 Percutaneous coronary intervention in patients with aortic disease 117</p> <p>9.1.200 Percutaneous coronary intervention in patients with aortic disease 117</p>	<p>13.4.1 Restenosis 125</p> <p>13.4.2 Disease progression 126</p> <p>13.4.3 Stent thrombosis 126</p> <p>14 Arrhythmias 127</p> <p>14.1 Ventricular arrhythmias 127</p> <p>14.1.1 Revascularization for the prevention of sudden cardiac death in patients with stable coronary artery disease and reduced left ventricular function 127</p> <p>14.1.2 Revascularization for the treatment of electrical storm 128</p> <p>14.1.3 Revascularization after out-of-hospital cardiac arrest 128</p> <p>14.2 Atrial arrhythmias 128</p> <p>14.2.1 Atrial fibrillation complicating percutaneous coronary intervention 128</p> <p>14.2.2 Atrial fibrillation complicating coronary artery bypass grafting 128</p> <p>14.2.3 Postoperative atrial fibrillation and stroke risk 128</p> <p>14.3 Gaps in the evidence 129</p> <p>15 Procedural aspects of coronary artery bypass grafting 129</p> <p>15.1 Surgical techniques 129</p> <p>15.1.1 Completeness of revascularization 129</p> <p>15.1.2 Conduit selection 130</p> <p>15.1.3 Mammary artery harvesting 130</p> <p>15.1.4 Radial artery harvesting 130</p> <p>15.1.5 Saphenous vein harvesting 130</p> <p>15.1.6 Construction of central anastomosis 131</p> <p>15.1.7 Construction of side anastomosis 131</p> <p>15.1.8 On-pump and off-pump procedures 131</p> <p>15.1.9 Minimally invasive and hybrid procedures 131</p> <p>15.2 Reporting perioperative outcomes 131</p> <p>15.3 Gaps in the evidence 131</p> <p>16 Procedural aspects of percutaneous coronary intervention 133</p> <p>16.1 Percutaneous coronary intervention devices 133</p> <p>16.1.1 Balloon angioplasty 133</p> <p>16.1.2 Choice of coronary stents 133</p> <p>16.1.3 Bioreabsorbable scaffolds 134</p> <p>16.1.4 Drug-coated balloons 134</p> <p>16.1.5 Devices for lesion preparation 134</p> <p>16.2 Invasive imaging tools for procedural guidance 134</p> <p>16.2.1 Intravascular ultrasound 134</p> <p>16.2.2 Optical coherence tomography 135</p> <p>16.3 Specific lesion subsets 135</p> <p>16.3.1 Bifurcation stenosis 135</p> <p>16.3.2 Chronic total coronary occlusion 135</p> <p>16.3.3 Ostial lesions 136</p> <p>16.4 Vascular access 136</p> <p>17 Antithrombotic treatments 137</p> <p>17.1 Percutaneous coronary intervention in stable coronary artery disease 138</p> <p>17.1.1 Choice of treatment and pre-treatment 138</p> <p>17.1.2 Peri-interventional treatment 138</p> <p>17.1.3 Post-interventional and maintenance treatment 139</p> <p>17.2 Non-ST-segment elevation acute coronary syndrome 141</p> <p>17.2.1 Choice of treatment and pre-treatment 141</p> <p>17.2.2 Peri-interventional treatment 141</p> <p>17.2.3 Post-interventional and maintenance treatment 141</p> <p>17.3 ST-segment elevation myocardial infarction 144</p> <p>17.3.1 Choice of treatment and pre-treatment 144</p>
<p>HYBRIDNÍ REVASKULARIZACE MYOKARDU</p>	<p>19 Medical therapy, secondary prevention, and strategies for follow-up 151</p> <p>19.1 Gaps in the evidence 152</p> <p>20 Key messages 152</p> <p>21 Evidence-based 'to do' and 'not to do' messages from the Guidelines 152</p> <p>22 Appendix 156</p> <p>23 References 157</p>	<p>MUDR. ALEŠ KLVÁČEK</p>		

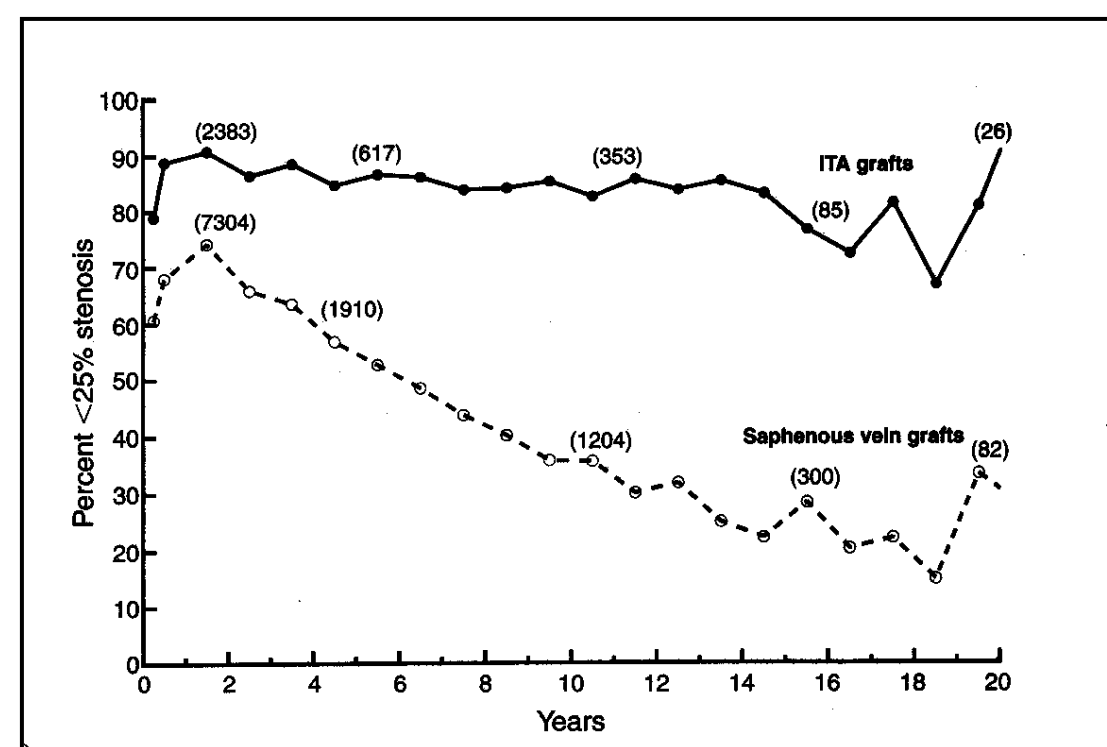
LIMA-RIA: Klíčová role v hybridní revaskularizaci

MIDCAB LIMA-RIA vs. DES PSMA

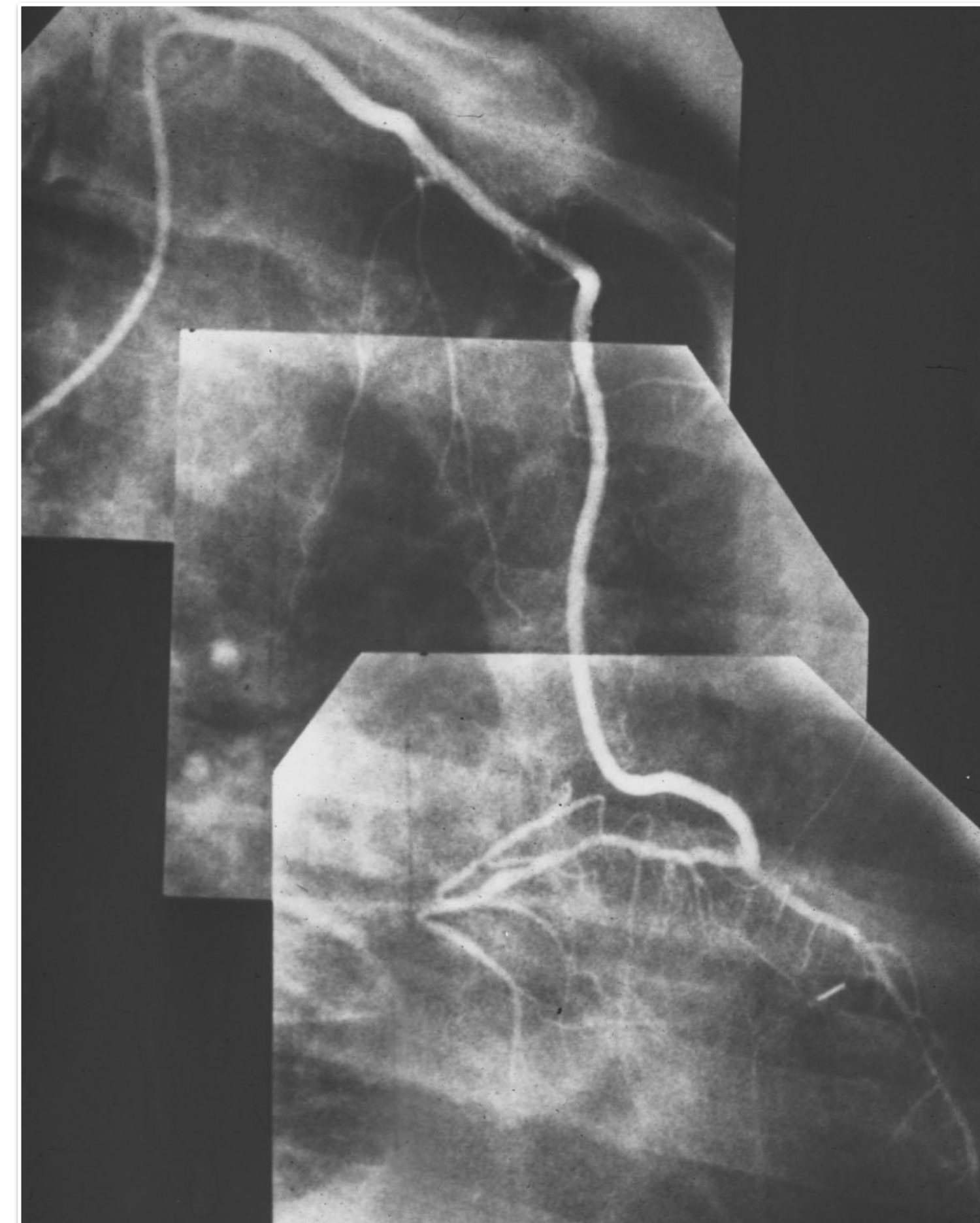


Ben-Gal Y et al, Ann Thorac Surg 2006;82:2067-71

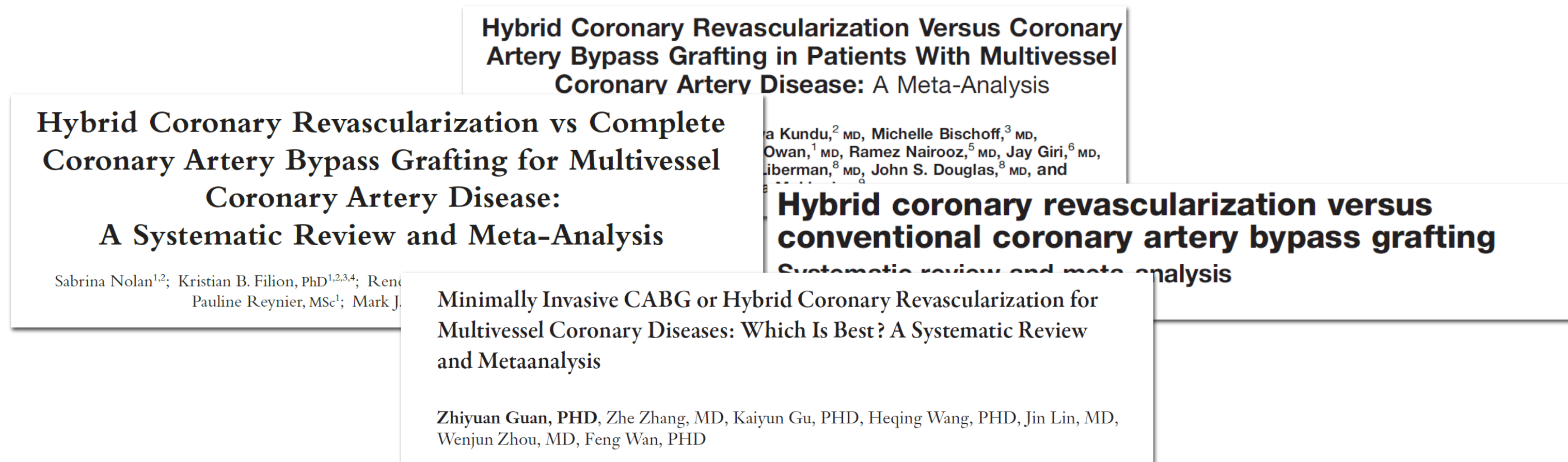
DLOUHODBÁ PRŮCHODNOST LIMA vs. SVG



Lyte BW et al, JTCVS 1985; 89:248-58



Současná úroveň poznání



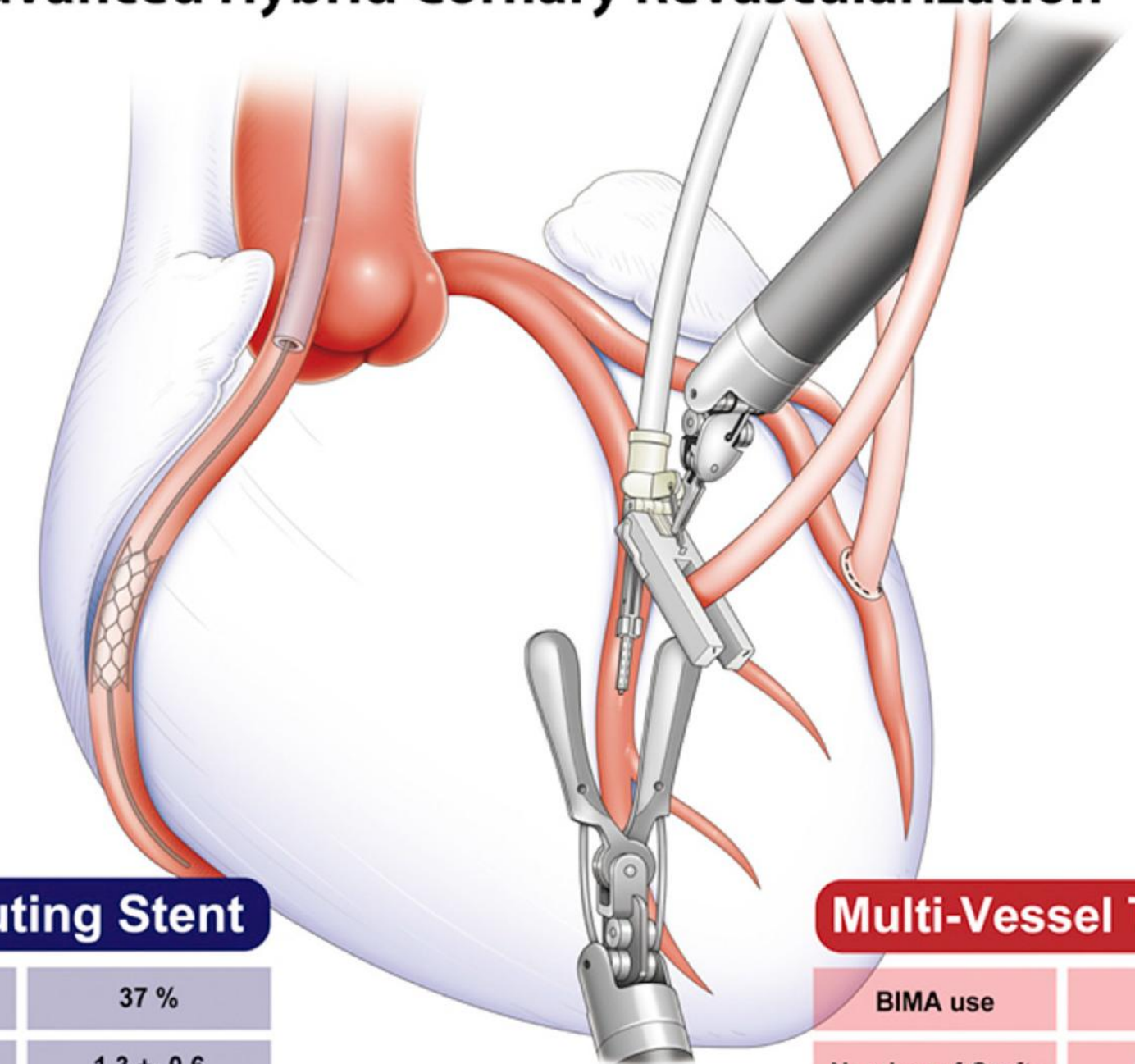
- Pacienti s HCR mají **podobné riziko** peroperačního úmrtí, IM, CMP a opakované revaskularizace jako pacienti po CABG, mají i **podobné dlouhodobé přežití**
- Je **nižší potřeba** pooperační transfuze, **nižší riziko infekcí** a **kratší doba pooperačního pobytu** na JIP a celkové hospitalizace
- HCR je **dražší**
- Dle jedné metaanalýzy (Nolan, 2018) má HCR **vyšší tendenci k opakované TVR** oproti kompletní chirurgické revaskularizaci

Role roboticky asistované chirurgie

Hybrid coronary revascularization: Midterm outcomes of robotic multivessel bypass and percutaneous interventions

Hiroto Kitahara, MD,^a Taishi Hirai, MD,^b Mackenzie McCrorey, PA,^a Brooke Patel, MSN,^a Sarah Nisivaco, BS,^a Sandeep Nathan, MD,^b and Husam H. Balkhy, MD^a

Advanced Hybrid Coronary Revascularization



Drug Eluting Stent

Radial approach	37 %
Number of Stents	1.3 +/- 0.6
Target only RCA	67 %
Target only LCX	7 %
Target multiple	23 %

Multi-Vessel TECAB

BIMA use	87.7 %
Number of Grafts	2.1 +/- 0.3
Length of stay	3.0 +/- 1.3 days
30-day Mortality	0 %
L/R IMA patency	95.2 % / 95.7 %

Kdo může profitovat z HRC?

1. Pacienti s vysokým rizikem **poruchy hojení sternotomie**
2. Pacienti již **po sternotomii** či **odmítající sternotomii**
3. Pacienti **malým povodím cílové tepny** (mimo RIA)

MINIMALLY INVASIVE MULTIVESSEL CORONARY SURGERY AND HYBRID CORONARY REVASCULARIZATION: CAN WE ROUTINELY ACHIEVE LESS INVASIVE CORONARY SURGERY?

Maria Rodriguez, M.D.; Marc Ruel, M.D., M.P.H.
University of Ottawa Heart Institute, Ontario, Canada

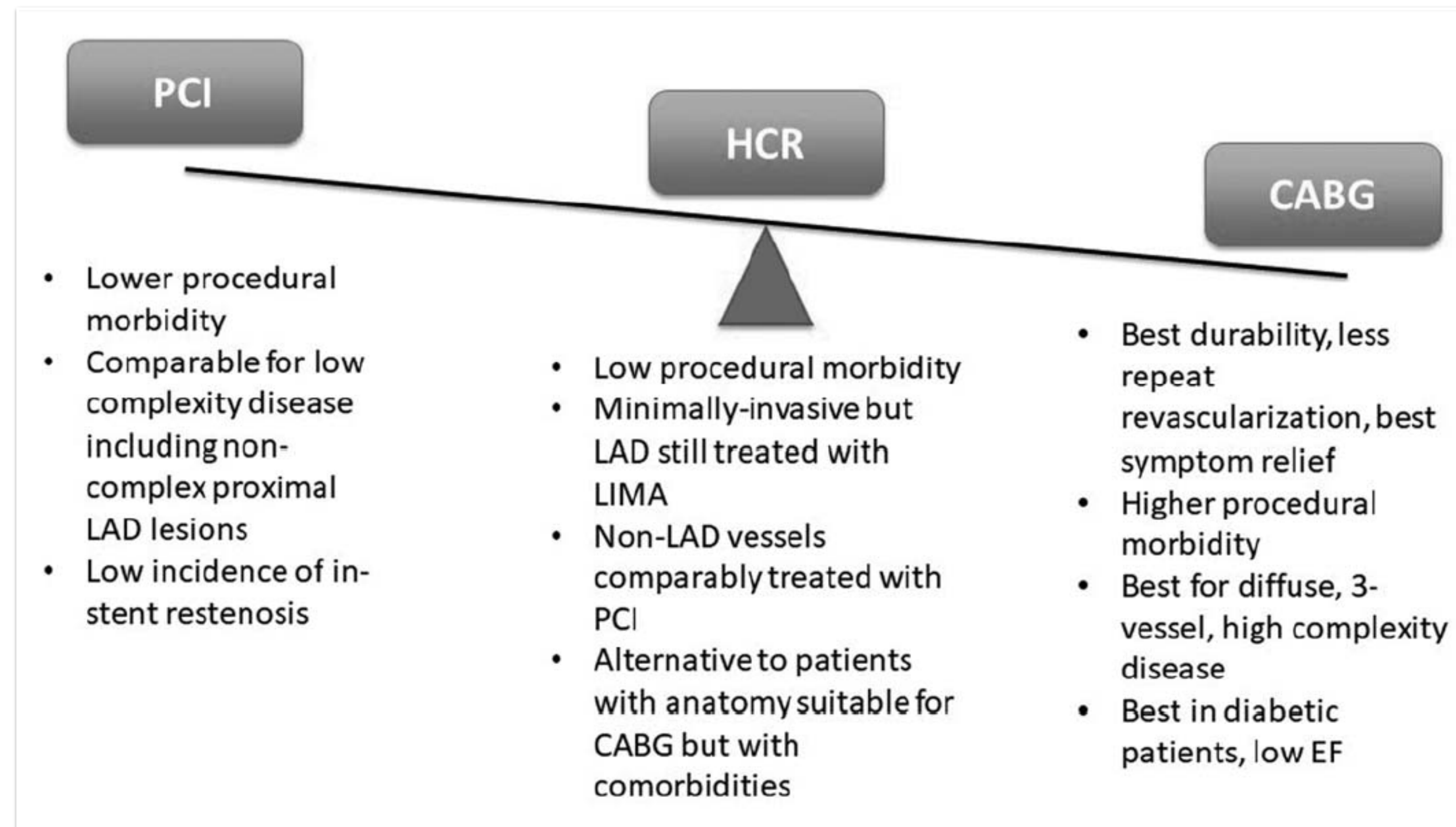
Minimally invasive coronary artery bypass as an option for redo coronary surgery in a frail octogenarian

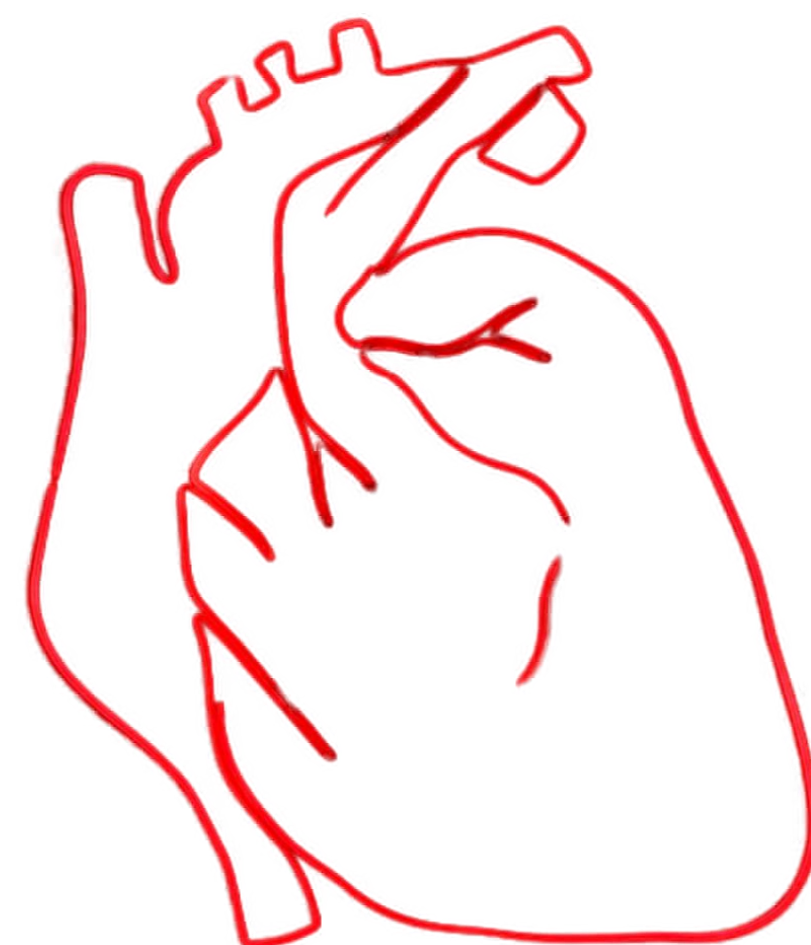
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Hybrid coronary revascularization in multivessel coronary artery disease: who can benefit most?
A pilot study

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HCR v klinické praxi





Děkuji za pozornost!

