

Važnost medicinske sestre u skrbi bolesnika podvrgnutog postupku transkateterske implantacije aortalnog zalistka

The role of nurses in care for patients with transcatheter aortic valve implantation

 Lucija Dizdarević*

 Saša Dizdarević

Klinički bolnički centar Osijek,
Osijek, Hrvatska

University Hospital Centre
Osijek, Osijek, Croatia

KLJUČNE RIJEČI: aortna stenoza, implantacija, zalistak.

KEYWORDS: aortna stenoza, implantacija, zalistak.

CITATION: *Cardiol Croat.* 2021;16(11-12):348. | <https://doi.org/10.15836/ccar2021.348>

***ADDRESS FOR CORRESPONDENCE:** Lucija Dizdarević, Klinički bolnički centar Osijek, J. Hutlera 4, HR-31000 Osijek, Croatia. / Phone: +385-91-170-0045 / E-mail: lucijalulic5@gmail.com

ORCID: Lucija Dizdarević, <https://orcid.org/0000-0002-3809-1839> • Saša Dizdarević, <https://orcid.org/0000-0002-5028-4174>

Transkateterska implantacija aortalnog zalistka (TAVI) jedan je od postupaka koja mijenja pogled na izvođenje intervencijskih zahvata u kardiologiji.^{1,2} Tijek izvođenja sličan je kateterizaciji srca ili implantaciji stenta u koronarnu arteriju. Priprema bolesnika zahtjeva niz dijagnostičkih pretraga i prikupljanja relevantnih kliničkih podataka u čiji je tijek od samog početka uključena medicinska sestra kao član zdravstvenog tima. Naglasak se stavlja na otvorenu komunikaciju u kojoj bolesnik ima mogućnost razgovarati o svojim strahovima i brigama povezanim s implantacijom, postavljati pitanja zbog neupućenosti u planirani zahvat, tražiti objašnjenje potrebe ležanja i praćenja u Jedinici intenzivnog liječenja, verbalizirati osjećaj zabrinutosti za članove obitelji i postavljati pitanja o kvaliteti života nakon postavljenog aortalnog zalistka.

TAVI je danas široko poznata i rasprostranjena metoda liječenja teške aortne stenoze kod bolesnika koji imaju visok rizik za operativni zahvat ili njegovu kontraindikaciju. Bolesniku na jasan i razumljiv način treba objasniti važnost postupka, bolničkog ležanja, moguće ishode liječenja, kao i moguće rizike i komplikacije. Timska suradnja i skrb smanjuju rizik za mogućnost propusta tijekom pripreme za zahvat, nastanak komplikacija tijekom izvođenja i njihovu minimalizaciju u tijeku oporavka.

Zdravstvena njega bolesnika prije, tijekom i nakon postupka zahtjeva kontinuirano praćenje bolesnika i njegovog zdravstvenog stanja, u svrhu postizanja najveće moguće subjektivne kvalitete života.

Transcatheter aortic valve implantation (TAVI) is one of the procedures that changes the view of performing interventional procedures in cardiology.^{1,2} A procedure is similar to cardiac catheterization or percutaneous coronary intervention. Patient preparation requires some diagnostic tests and collection of relevant clinical data. From the beginning of process, nurses are involved as a member of the health team. Important is an open communication in which the patient has the opportunity to discuss his fears and concerns related to implantation, ask questions about the planned procedure, ask for explanation about follow up in the intensive care unit, verbalize the feeling of concern for family members and ask questions about the quality of life after the procedure.

TAVI is now a widely known and widespread method of treating severe aortic stenosis in patients who have a high risk for surgery or contraindication. The patient should be explained in a clear and understandable way the importance of the procedure, hospitalization, possible treatment outcomes, as well as possible risks and complications. Team cooperation and care reduce the risk of failure during preparation for the procedure, the occurrence of complications during execution and their minimization in recovery.

The patients with TAVI requires continuous care before, during and after the procedure in order to achieve the highest possible subjective quality of life.

RECEIVED:
September 7, 2021

ACCEPTED:
September 14, 2021



LITERATURE

1. Nishimura RA, Otto CM, Bonow RO, Carabello BA, Erwin JP 3rd, Guyton RA, et al; American College of Cardiology; American College of Cardiology/American Heart Association; American Heart Association. 2014 AHA/ACC guideline for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Thorac Cardiovasc Surg.* 2014 Jul;148(1):e1-e132. <https://doi.org/10.1016/j.jtcvs.2014.05.014>
2. Alfieri O, Vahanian A. The year in cardiology 2016: valvular heart disease. *Cardiol Croat.* 2017;12(5-6):191-199. <https://doi.org/10.15836/ccar2017.191>