

Sestrinski aspekt kod primjene antikoagulantne terapije prije i nakon ablacijskog liječenja fibrilacije atrijske

The nursing aspect in the application of anticoagulant therapy before and after ablation treatment for atrial fibrillation

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Fibrilacija atrijske (FA) je najčešća postojana aritmija u općoj populaciji s prevalencijom od 2-4% u odrasloj dobi, i s tendencijom rasta 2-3 puta obzirom na produljenje očekivanog trajanja života.¹ FA je sama po sebi uzrokom brojnih vaskularnih komplikacija: cerebrovaskularnog infarkta (20-30% ishemijskog infarkta, odnosno 10% kriptogenog infarkta); srčanog popuštanja zbog povećane frekvencije klijetki (u 20-30% bolesnika s FA), vaskularne demencije i drugih općih poremećaja poput depresije odnosno učestalih hospitalizacija takvih bolesnika.² Opće prihvaćeno liječenje vaskularnih komplikacija je varfarinom, a u novije vrijeme novim antikoagulantima koji sa sobom nose rizik za nastanak krvarenja.³

Odluka o vrsti pristupu liječenja se donosi na temelju simptoma, kardiološkoj obradi (EKG, holter EKG-a, UZV srca, TEE, lab. pretrage...), odluci liječnika i pristanku bolesnika na predloženo liječenje. Kateterska ablacija FA je invazivna procedura tijekom koje se provodi kontrolirano lokalno zagrijavanje ili hlađenje tkiva radi prekidanja izvorišta aritmije. Ova postupak uvelike doprinosi poboljšanju simptomatologije kod bolesnika te potpomaže daljnjem napretku liječenja FA. Prije samog provođenja ablacijskog liječenja bitno je psihički i fizički pripremiti bolesnika za postupak. U fizičku pripremu bolesnika podrazumijevamo između ostalog TEE (pitanje tromba u aurikuli) i primjenu terapije (antikoagulansi). Vrlo je važno, prilikom uzimanja sestrinske anamneze, uzeti podatke o kojem se antikoagulantnom lijeku radi i koliko dugo ga osoba uzima.²

Postproceduralna skrb podrazumijeva praćenje kognitivnog statusa, prisutnost neuroloških ispada, praćenje mjesta punkcije, prisutnost boli u prsima, grlu, leđima, kontrola arterijskog tlaka, EKG-a, mobilizaciju bolesnika i praćenje komplikacija. Prilikom skrbi bitno je napomenuti holistički pristup te načelo individualnosti svakog bolesnika. Cilj ovog predavanja je predstaviti mjere koje se provode u sestrinskoj skrbi prije i nakon ablacijskog liječenja. Važno je osvijestiti povezanost antikoagulantne terapije i ablacijskog liječenja. Medicinska sestra kao dio multidisciplinarnog tima ima važnu ulogu u prevenciji komplikacija, ali i u ranom prepoznavanju istih, što uvelike utječe na kvalitetu života bolesnika.

Atrial fibrillation (AF) is the most common persistent arrhythmia in the general population, with a prevalence of 2-4% in adulthood and a tendency to increase 2- to 3-fold in terms of life expectancy.¹ AF is the cause of numerous vascular complications, including cerebrovascular stroke (20-30% ischemic stroke or 10% cryptogenic stroke), heart failure due to increased ventricular rate (in 20-30% of AF patients), vascular dementia, and other general disorders such as depression or frequent hospitalizations.² The generally accepted treatment for vascular complications is warfarin, and more recently, new oral anticoagulants, which can cause hemorrhage.³

The decision on the type of treatment approach is made on the basis of symptoms, type of cardiac treatment (ECG, the holter ECG, echocardiography, blood tests), the physician's decision and the patient's consent to the proposed treatment. Catheter atrial fibrillation ablation is an invasive procedure during which controlled local heating or cooling of the tissue is performed to target the source of the arrhythmia. This procedure contributes greatly to the improvement of symptomatology in patients and supports further progress in the treatment of AF. Before performing ablation treatment, it is important to mentally and physically prepare the patient for the procedure. The physical preparation of the patient includes, among other things, TEE (the issue of thrombus in the auricle) and the application of therapy (anticoagulants). It is very important when acquiring a medical history, to acquire information on which anticoagulant drug is used and how long the patient has been using it.²

Postprocedural care involves monitoring the cognitive status, the presence of neurological outbursts, monitoring the puncture site, the presence of chest pain, throat, back, blood pressure control, ECG, patient mobilization, and monitoring of complications. When caring for a patient, it is important to mention the holistic approach and the principle of individual approach to each patient. The aim of this lecture is to present the measures implemented in nursing care before and after ablation treatment. It is important to be aware of the connection between anticoagulant therapy and ablation therapy. The nurse as part of a multidisciplinary team has an important role in the prevention of complications, but also in their early detection, which greatly affects the quality of life of patients.

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