



## Recuperación Cardiovascular

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SCIENTIFIC PUBLICATION OF THE ARGENTINE COUNCIL OF RESIDENTS IN CARDIOLOGY

The Argentine Council of Residents in Cardiology – CONAREC– embarked on a laudable activity: the scientific publication of the textbook ‘Cardiovascular Recovery’ “*Recuperación Cardiovascular*”, whose title clearly defines the content of its 400 pages, carefully printed in color.

The editors, Jorge G. Allin, Hernán Cohen Arazi and Fernando M. Guardiani, led a collective work; among its 89 authors, almost everyone –if not all– works and publishes on different aspects of cardiovascular patient recovery.

The book is organically divided into three sections that address the preoperative, intraoperative and postoperative periods, respectively. More than half of its chapters (out of 48), with a proper approach to recovery practice, correspond to Section III, devoted to the interpretation and management during postoperative period.

Perhaps it would do well to remember the enthusiastic beginnings of the era of modern cardiac surgery, which started on August 26, 1938. Roberto Gross, a not so young 33-year old resident who had been unable to obtain a surgery residency after having graduated from the Harvard Medical School, and could see with one eye only because he had cataract, performed the ligation of a patent ductus for the first time, just when his chief, William Ladd, who had expressly forbidden him to perform the surgery, was out of town. Despite the success of the surgery, Roberto was fired immediately after Ladd was back.

Dr. Lillehei, the pioneer who was perhaps the major promoter of cardiac surgery development, was a well-known and heavy drinker who enjoyed the company of women –of whom his wife reproached him only the ‘kind of girlfriends’ he had–, was fired from the Cornell Department headquarters at the age of 51, and then was convicted of tax evasion. He recovered himself with the development of the implant of Saint Jude prosthetic valve and the Saint Jude Medical Company, and, at his death, he bequeathed ten million dollars to

the Cardiothoracic Surgery Division of the University of Minnesota.

Back to the book, Section I, ‘the preoperative period’, begins with the local history of cardiovascular recovery, then goes through the (international and national) records, the tools (grafts, valve prostheses, extracorporeal circulation), the maneuver in preoperative assessment and risk stratification (scores), to the new strategies in the treatment of aortic stenosis.

Section II, ‘the intraoperative period’, discusses aspects of anaesthesia, extracorporeal circulation, cerebral protection, use of transesophageal echocardiography, and the new minimally invasive techniques, mitral valve repair, atrial fibrillation and thoracic aortic surgeries.

Finally, Section III, ‘the postoperative period’, begins with the early hours (complications of mechanical ventilation, analgesia, low minute volume syndromes, systemic inflammatory response, postoperative ischemia and infarction, and mechanical ventilation), and then goes through the complications (the usual atrial fibrillation, the most rare conduction disturbances, postoperative bleeding, renal injury, hydroelectrolytic and acid-base imbalance, infections, neurologic and gastrointestinal complications), the endocrine control and nutritional support, and the care for specific diseases like heart transplantation and congenital heart diseases in adults. Cardiovascular rehabilitation and follow-up of surgical patients are also included.

As shown, it comprises a complete and comprehensive list of all the topics the resident or cardiologist who must face the acute management of the critical patient should know or consult.

Perhaps it would be very useful that such complete text was accompanied by a small pocket book with a summary of the preoperative assessment with the different risk scores, attitude and management during the early hours of an uncomplicated postoperative period, algorithms of drugs in the low minute volume

and systemic inflammatory response syndrome, management of intra-aortic balloon counterpulsation, as well as bleeding, atrial fibrillation, conduction disturbances, renal failure, glycemic control, and infections. This booklet in the pocket of the physician who sees surgical patients would help standardize high quality management at the bedside.

In quiet moments during care, you can re-read the chapters that need to be consulted; in my opinion, this text will be essential in managing those patients. I would also suggest updating it regularly, so that it

becomes a book of permanent consultation for those who wish to keep up with their skills and abilities in this subspecialty of cardiology.

I welcome the release of this book, which should be read by all those cardiologists who wish to complete their training, and even more so by those who must deal with these patients during this brief but intense vital situation.

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