

Ambulatory Coronary Angioplasty

Angioplastia coronaria ambulatoria

PRESENT STATUS OF PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA)

It is a minimally invasive procedure (puncture in the artery, groin or wrist) that allows the reopening of the heart arteries.

Since the first PTCA developed by doctor Andreas Grüntzig (Zürich, 1977), it has become the most frequent and safe revascularization procedure for the patient.

This technique is indicated both in acute, urgent coronary processes (for example: acute myocardial infarction) as in elective, programmed situations.

Regarding this last group, there has been an exponential growth in the number of PTCA performed per center, associated with a systematization of preventive ambulatory controls with studies of greater diagnostic certainty and increased population knowledge. (1)

LOGISTICS IN THE FIELD OF HEALTH CARE: UNDER REVIEW

Despite the simplification of procedures and improvement of results, post-PTCA care without complications continues to be a topic of discussion, since 24-hour or longer hospital stay does not entail any benefit for the patient.

Moreover, hospitalization times are associated with high costs for the health care system and jeopardizes excellence in patient care.

This is seen in logistic constraints in the institutions, both in ambulatory programming as in the admission of patients with acute symptoms.

Delays in care contribute to congestion and reduce the quality of diagnosis and treatment at admission in high-risk patients.

On the other hand, there are potential risks for the patient during hospitalization, as increased infections and adverse effects due to prolonged hospital stay.

NEW PROCESSES FOR OLD PARADIGMS

This problem was addressed with the “ambulatory angioplasty” (AA) strategy, defined as the patient’s discharge from the health service facility on the same day of the intervention. (2)

It should be noted that AA is not an isolated concept, but must be implemented within an institutional program.

The main challenge facing an AA program is the correct identification of the candidates for the procedure, stressing the importance of including the majority of relevant patients without increasing the risk of the practice.

For this purpose, a joint and synchronized work of the health care team, consisting of administrative staff, nurses, technicians and doctors, is required.

Worldwide results documented in the international literature are reproduced in centers in Argentina with high safety and without an increased risk of complications compared with a usual prolonged hospitalization strategy.

Numerous articles recognize an increase in patient’s comfort, since the experience of hospitalization is avoided and the family routine is not interrupted. (3, 4)

It is necessary to educate and inform patients and professionals on the safety and success of this modality when it is implemented in adequate populations.

This will allow expanding the acceptance of the strategy for a more efficient care focused on the patient and the quality of treatment.



Author: Dr. Gerardo Nau

Interventional cardiology staff at Instituto Cardiovascular Buenos Aires (ICBA) and Sanatorio Anchorena, Buenos Aires.

Editor: Julio Manuel Lewkowicz, MD

Sanatorio Güemes, Buenos Aires

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