

October 2019
Echo of the month

This was an 89-year-old gentleman that undergone an LFA IABP assisted, high risk PCI to his LAD.

He successfully received 2 DESs to his LAD and at the end of the procedure the IABP was removed.

A code blue was called shortly thereafter because of significant hypotension due to bleeding from the IABP site.

Pressure was applied and vascular surgery was consulted – they decided that he needed emergent exploration to repair the LFA and rule out a retroperitoneal bleed.

The patient received LR 500ml bolus, NE infusion was started and he was urgently intubated due to decreased LOC – SBP in the 70s).

The interventionalist mentioned that we shouldn't try to extubate the patient post procedure, as his LVEDP by cath was 28 mmHg – he was certain that this patient already had a degree of pulmonary edema (increasing oxygen needs during the case)

The patient went to the OR and his LFA was repaired – he received 2 units of RBCs.

ICMS didn't have an open bed and we had to decide whether it was safe to extubate the patient in the OR / not.

The purpose of these images is to demonstrate a method of measuring the left atrial pressure with TTE.