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## Transradial approach for coronary angiography and interventions: A clinical nurse specialist's experience

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**Background:** Transradial approach (TRA) for coronary angiography and percutaneous coronary interventions (PCI) has risen gradually last decade. Last few years there is increasing number of reports and new published studies providing further support for the transradial approach in diagnostic and coronary PCI, with investigators reporting significantly less bleeding and reduced incidence of hard clinical end point. This route provides patient comfort including earlier mobilization in comparison to trans-femoral access and lower rates of vascular complications.

**Aim:** To demonstrate safety and advantage of this access in diagnostic and interventions, not only for elective patients, but for those in complex and with ACS and AMI primary interventions as well.

**Methods:** We analyzed 1032 patients who underwent TRA diagnostic and/or PCI interventions in our Cath lab from 15.01.2012 to 15.06.2012.

**Results:** There were 426 patients with PCI and 606 with diagnostic procedures only. Rate of radial access was almost 95%, where as procedural success rate was as high in both groups 90% and 92% respectively. Selective cannulation of the coronary ostium failed in only 2.5%. There were no bleeding complications need for surgical repair or blood transfusions and no other complications in any group as well. We are presenting all procedural dates, and in three typical cases, one with diagnostic only, the second with elective complex intervention, and finally the third with serious ACS and STEMI interventions, to demonstrate our strategy, technical preferences and advantages of TRA access approach.

**Conclusions :** As a Clinical Nurse Specialist in Cardiology the key element of my clinical role is to ensure quality of care and improved continuity, from making the patient transition of an Emergency situation/elective admission seamlessly, minimizing the anxiety of our patients and family members by ensuring proficiency of trans radial access, in a safe and efficient environment. I find this clinical experience rewarding and challenging. Within our Cardiology center Radial access has become our first preference.

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## The experience of use of local prolonged antibiotic therapy in the prevention and treatment of septic complications in traumatology, orthopedics and surgery

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Some infections are difficult to treat with systemic antibiotics because of low tissue perfusion (e.g., bone tissue) or due to the formation of biofilms on metallic or polymeric implant, which provokes the occurrence of complications. In addition, systemic injection of a large dose of antibiotics might lead to toxic concentrations. In such cases, topical antibiotics are required as concomitant therapy. Optimal in our opinion is the use of sterile biodegradable material based on collagen sponge containing an antibiotic (gentamicin), having hemostatic properties and prolonged antimicrobial action. We have used this material in combination with the previous vacuum therapy and without it in the treatment of 42 patients with chronic osteomyelitis of long tubular bones, 9 patients with osteomyelitis of the sternum after sternotomy, 13 patients with septic instability of endoprosthetics of big joints, 40 patients with purulent-necrotic processes syndrome diabetic foot, as well as in some patients with complications of abdominal surgeries and chronic wounds. The recurrent purulent processes have been observed only in 2 patients with chronic osteomyelitis, both in the presence of metal implants. All other patients' relapses were not identified in time from several months to 3 years.

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