

Годовой план на 2011 год

- Коронарографии – 1300
- Выполнен – 15 июня 2011 года

- Стентирований – 700
- Выполнен – 15 сентября 2011 года



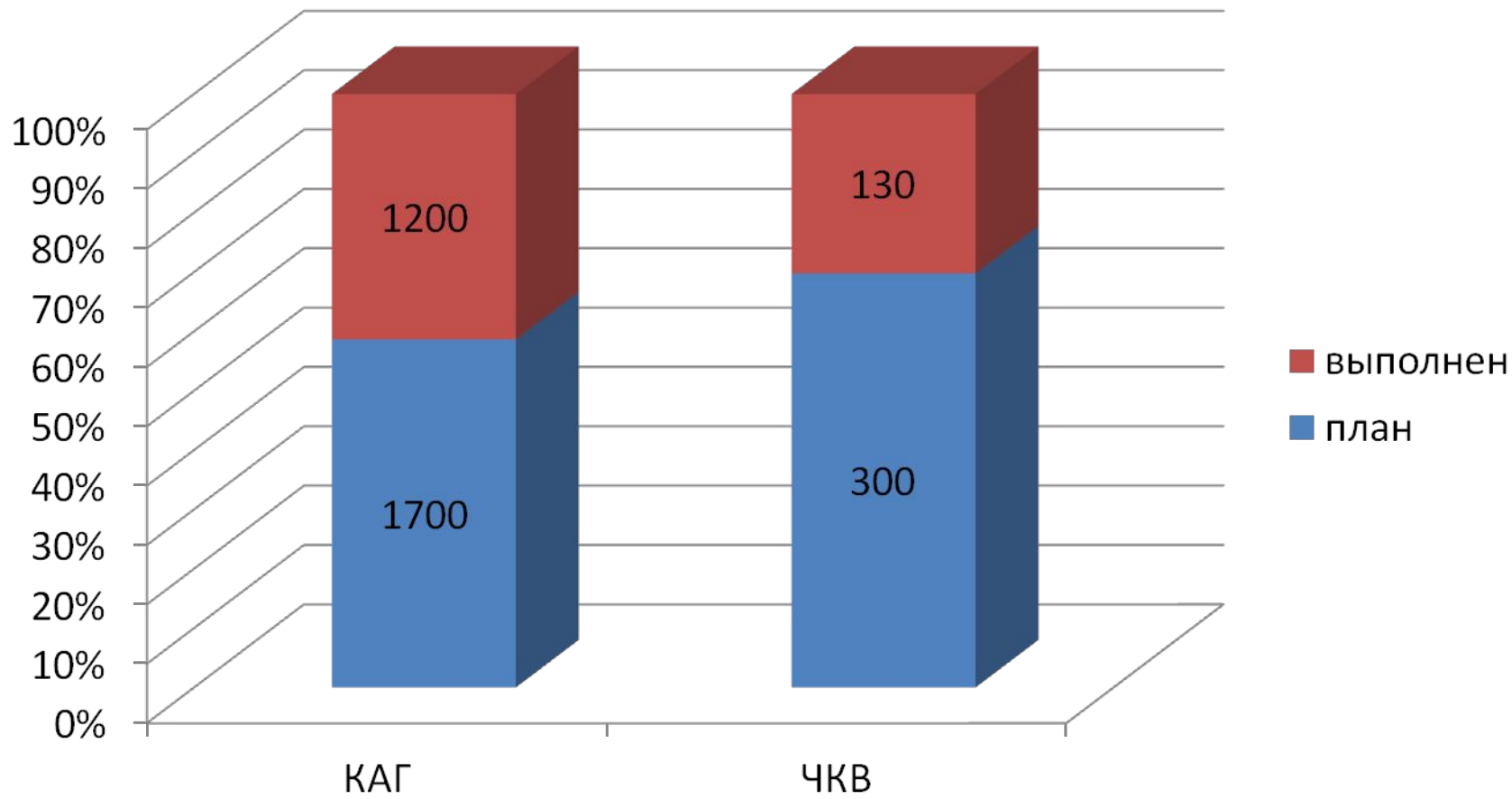
6 10 2009

Дополнительно выделено

- Коронарографий – 1700,
- Итого 3.000 в год

- Стентирований – 300,
- Итого: 1.000 в год

Выполнение доп. заказа



TOBI 2011

- Total Occlusion and Bifurcation Intervention
 - Хронические Окклюзии и Бифуркационные интервенции
- Италия, 15-16 сентября 2011г.

Бельгия, 05.10.2009г.



Компьютерное моделирование



Осложнения операции



Операционная с манекеном



Имплантация стента



После операции





Силиконовые коронарные артерии



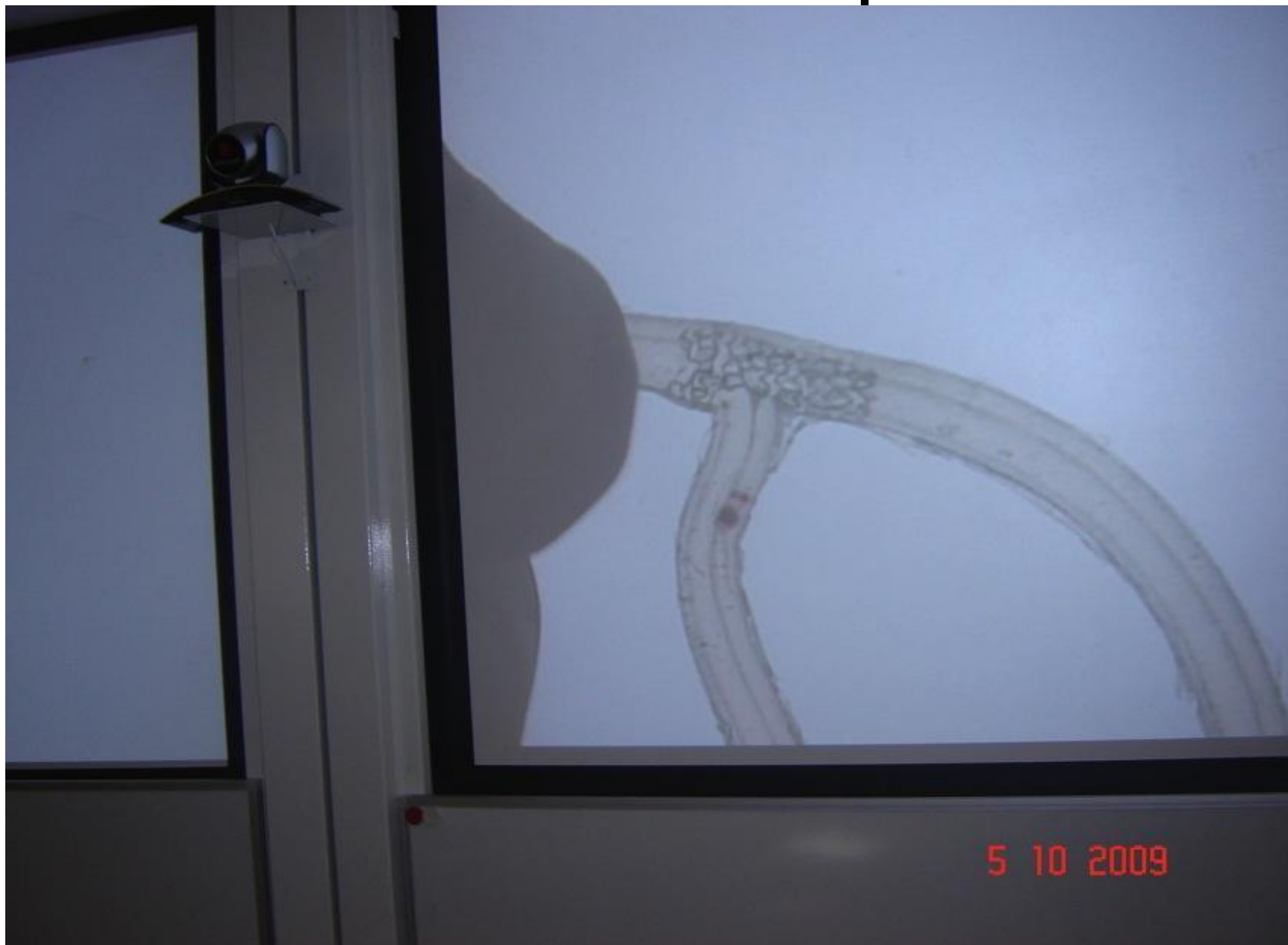
Негатоскоп для артерий

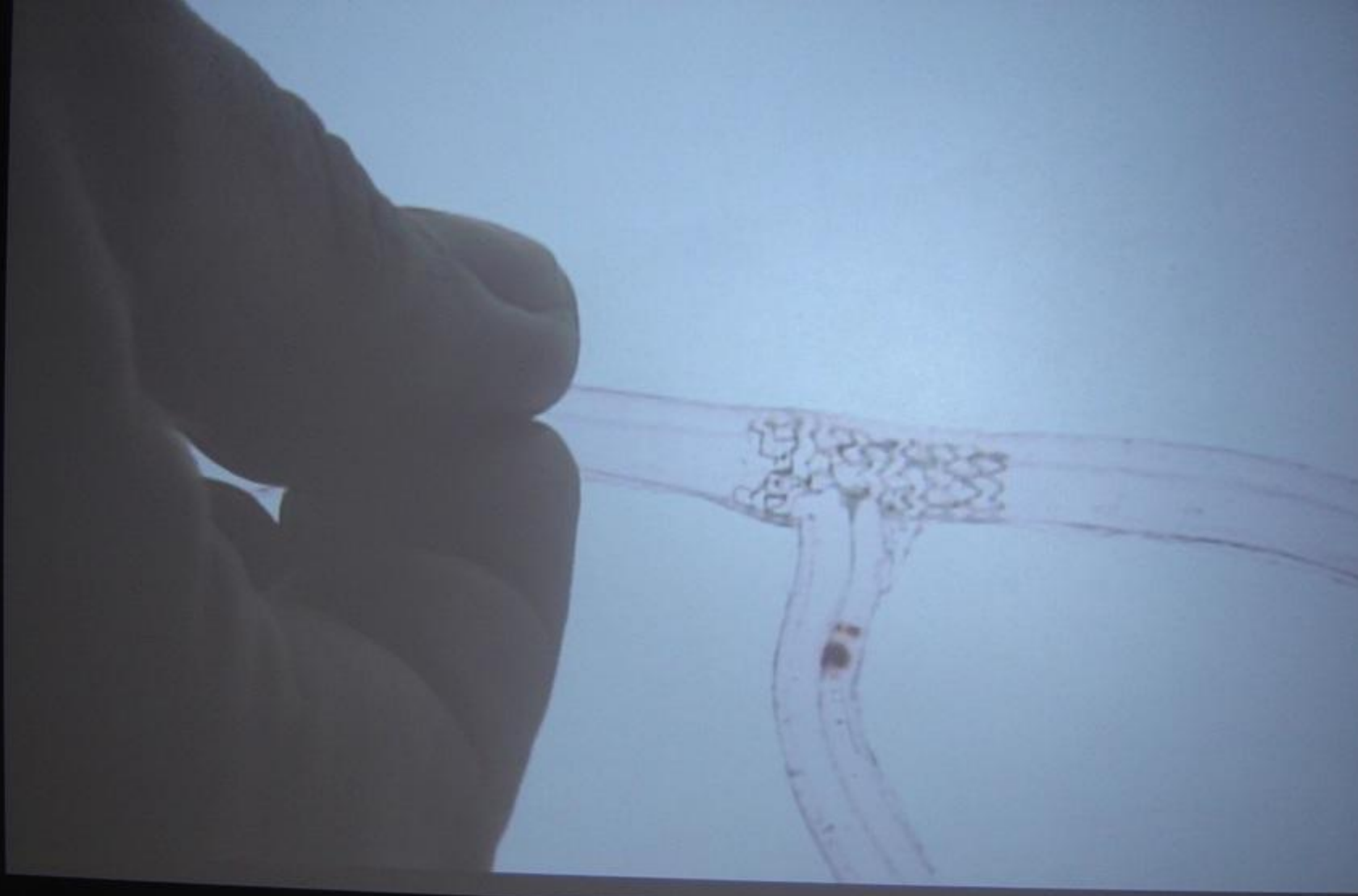


Ошибки под микроскопом



Боковая ветвь сохранена!





5 10 2009

Мозговой шторм!



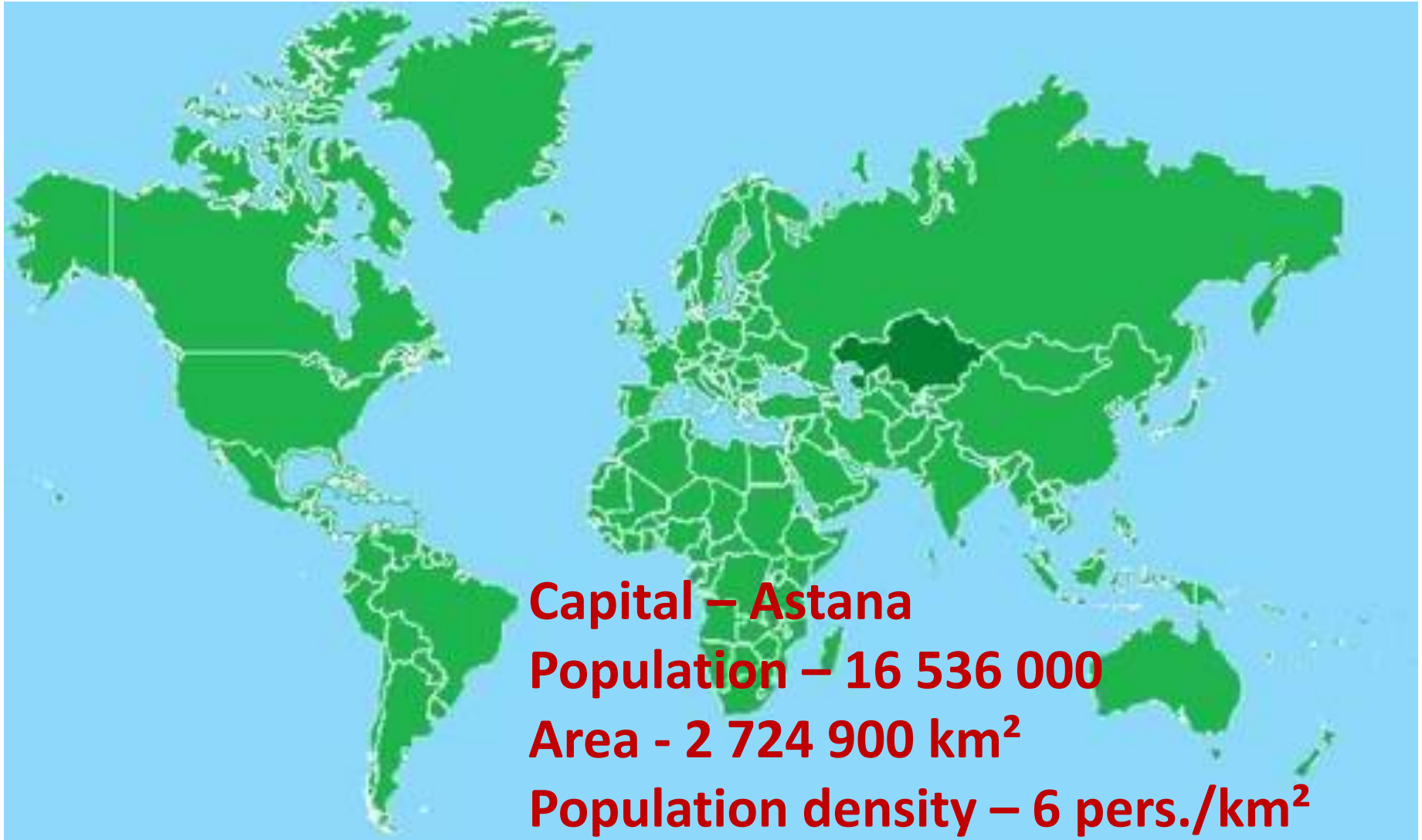
Bifurcation Lesion by Transradial Approach

Dr. Sakhov Orazbek

Chief of Cath Lab,

City Cardiology center of Almaty, Kazakhstan

Republic of Kazakhstan



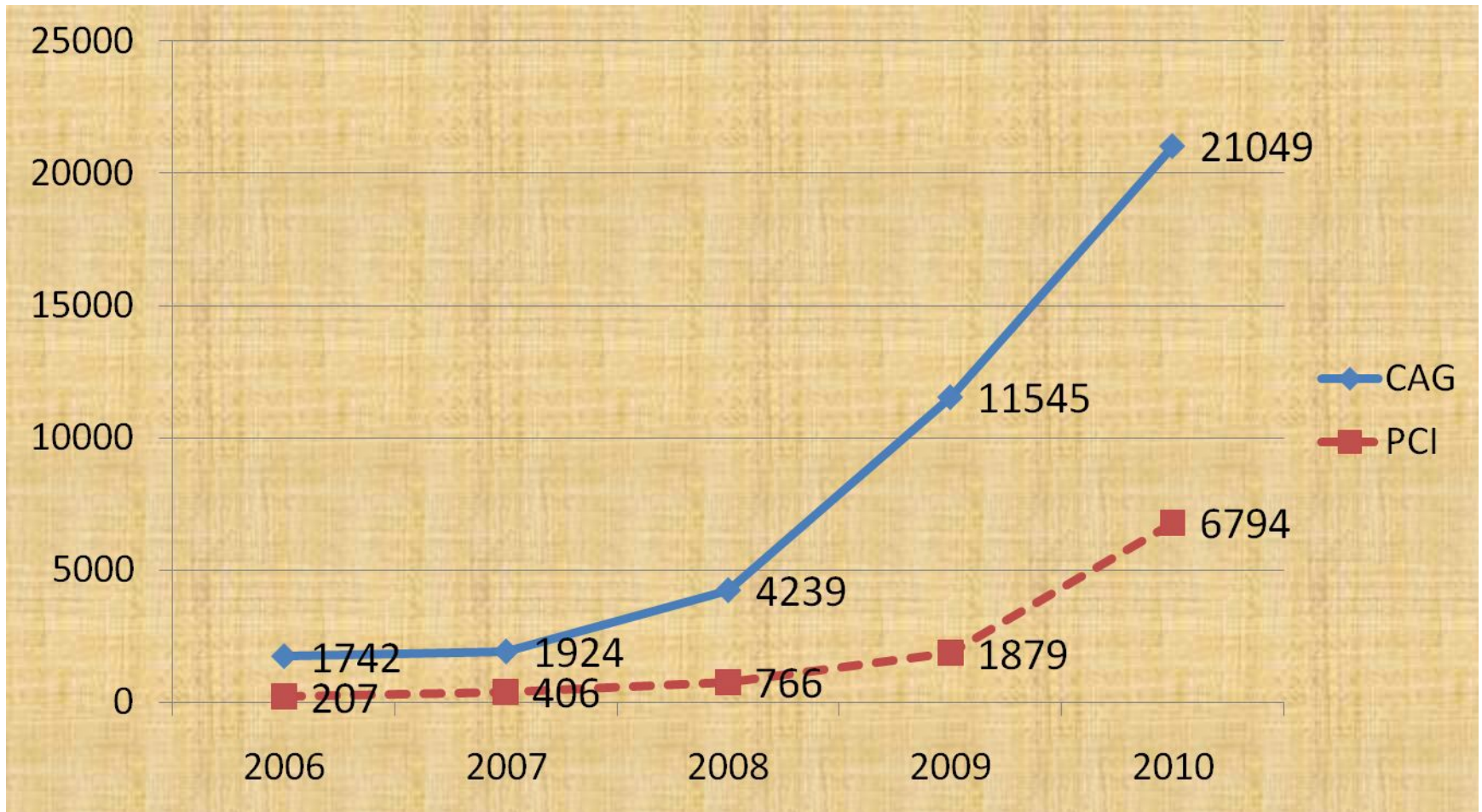
Capital – Astana

Population – 16 536 000

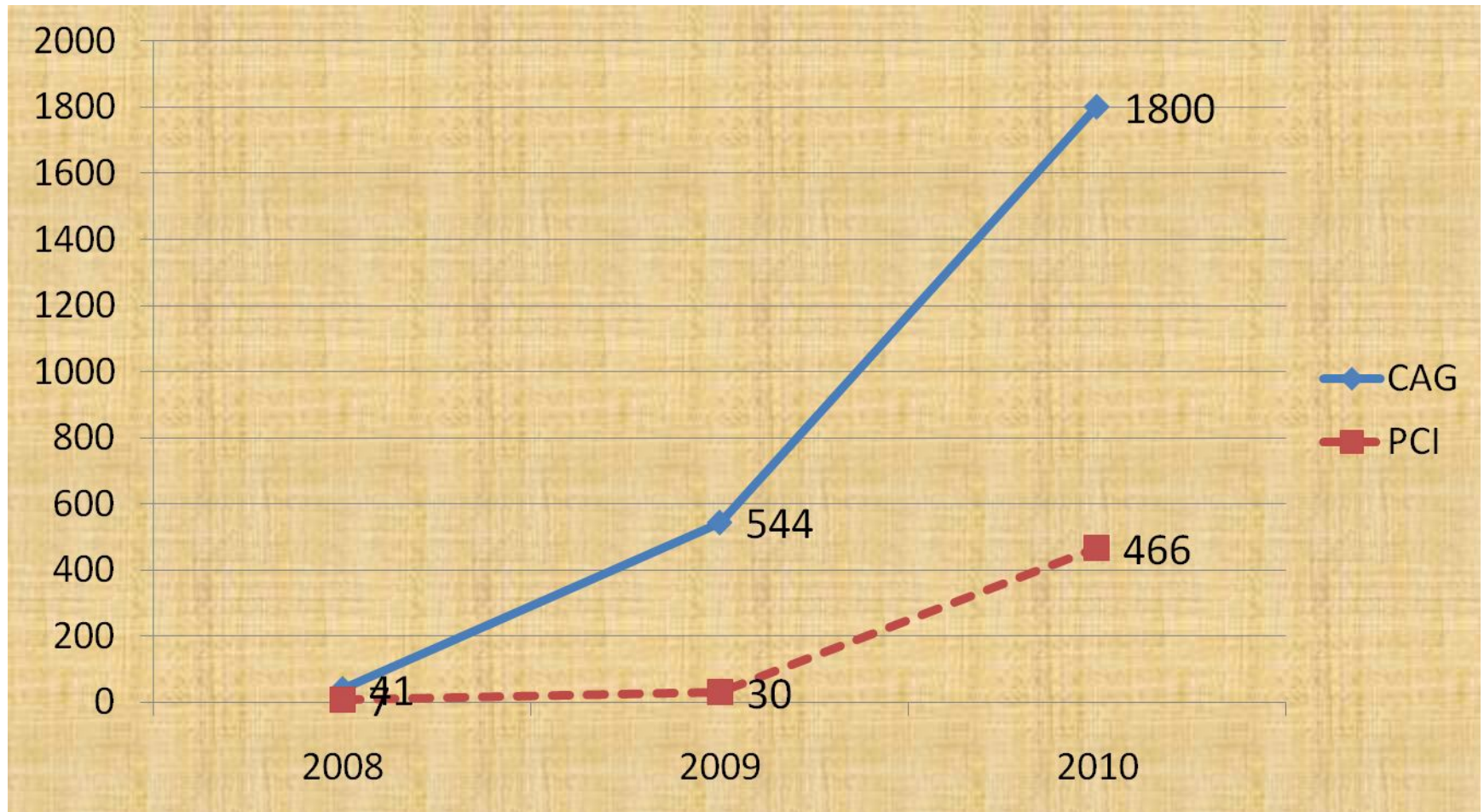
Area - 2 724 900 km²

Population density – 6 pers./km²

Surgical activity of interventional cardiologists of Kazakhstan



Surgical activity of interventional cardiologists of City Cardiology Center (Almaty)



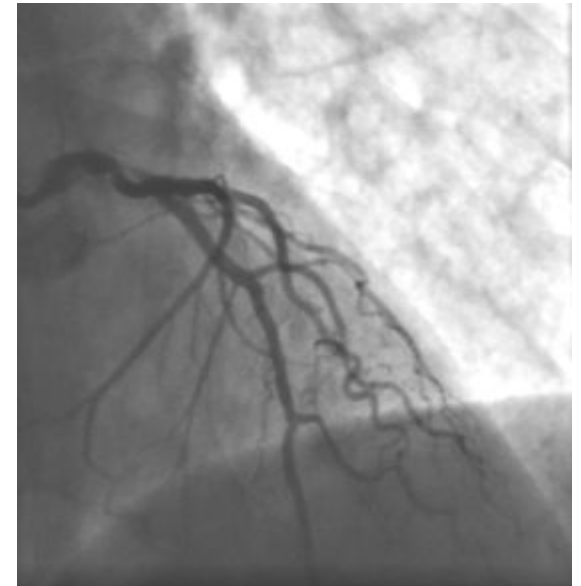
Our consultants in the development of interventional cardiology

- **Bernhard Reimers - Head of Cardiology, General Hospital, Mirano, Italy**
- Jan Kovach - Consultant Cardiologist, University Hospitals NHS Trust Leicester, United Kingdom
- Ladislav Groch - assistant professor, Masaryk University, Faculty of Medicine, Brno, Czech Republic
- Sinitsa Stojkovich - Head, Department of Interventional Cardiology, Department of Cardiology, Clinical center of Serbia
- and others

Bifurcation Lesion by Transradial Approach with the support of Dr. Bernhard Reimers

- Patient T., male, 62 y.o.
- D-s: Non STEMI
- Risk-factors: Hypertension, current smoker
- Chest pain for 12 hours.
- ECG: negative T V2-V5
- Echo: hypokinesia of anterior wall, EF – 49%
- Lab: troponin T – 0,22; myoglobin – 214,0

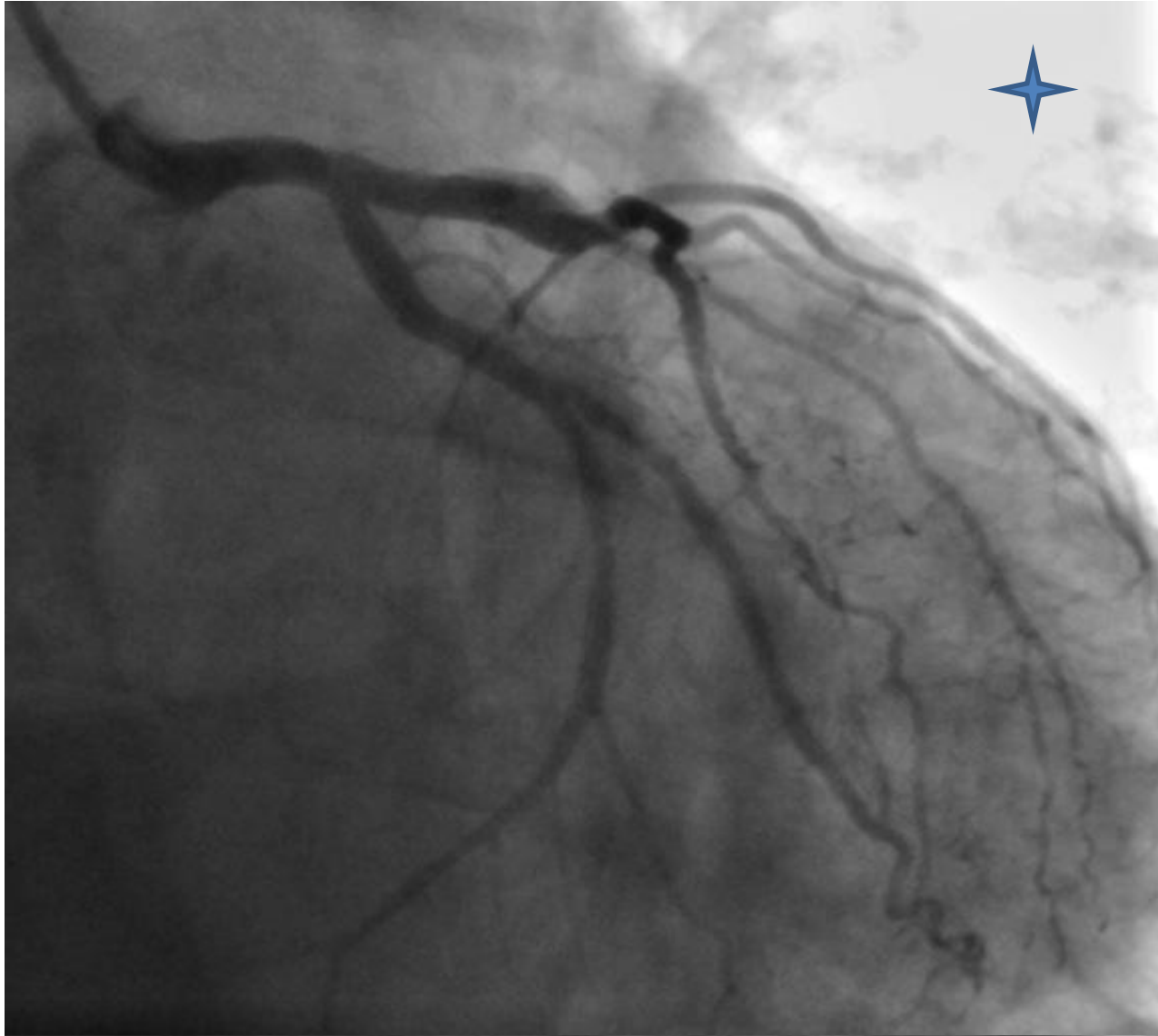
Angio: ostial LAD + Cx (Medina - 0,1,1)



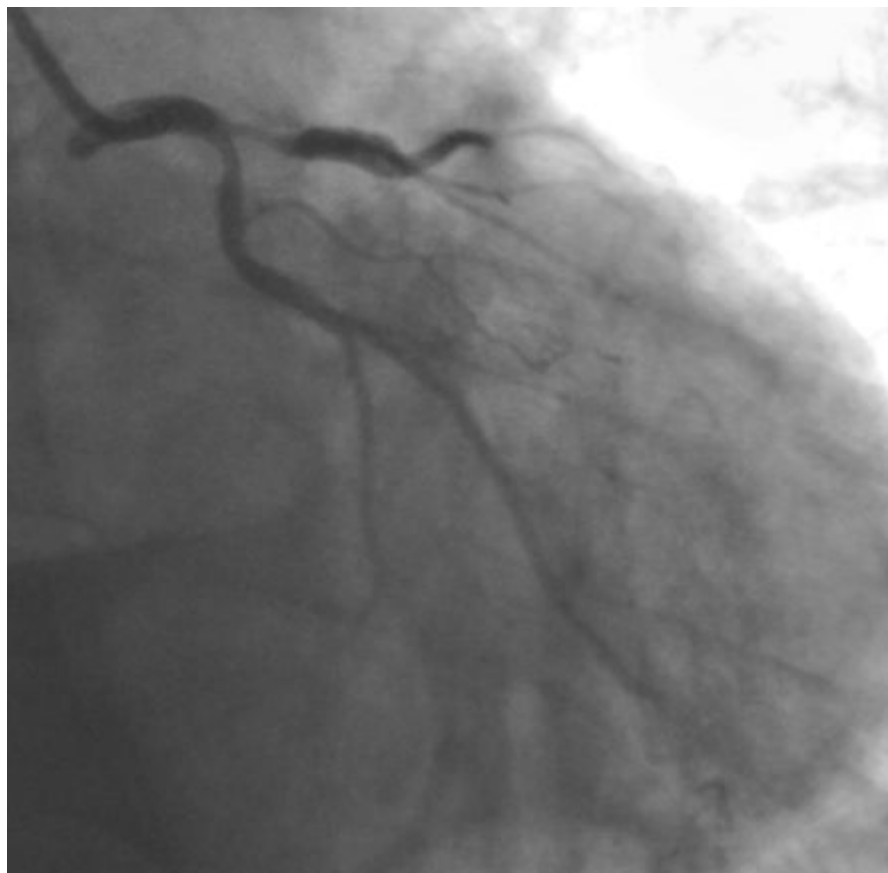
What to do?

- 1. CABG (before - maybe, but not now, with the support of high experienced colleagues)
- 2. Transition to transfemoral access (7-8 Fr guide, Crush, Mini Crush, Culotte, SKS)
- 3. Stay transradial access, Provisional stenting
- 4. Other

We have chosen the easiest path



Final result



Take Home Message

- Transition to the treatment of bifurcation stenosis - a mandatory part of the work
- For most of bifurcation lesions – Keep it simple.
- For bifurcation lesions by transradial approach - Keep it more simple.

Thank You for Attention!



Зал ТОВІ 2011



Сессия клинических случаев





Republic of Kazakhstan



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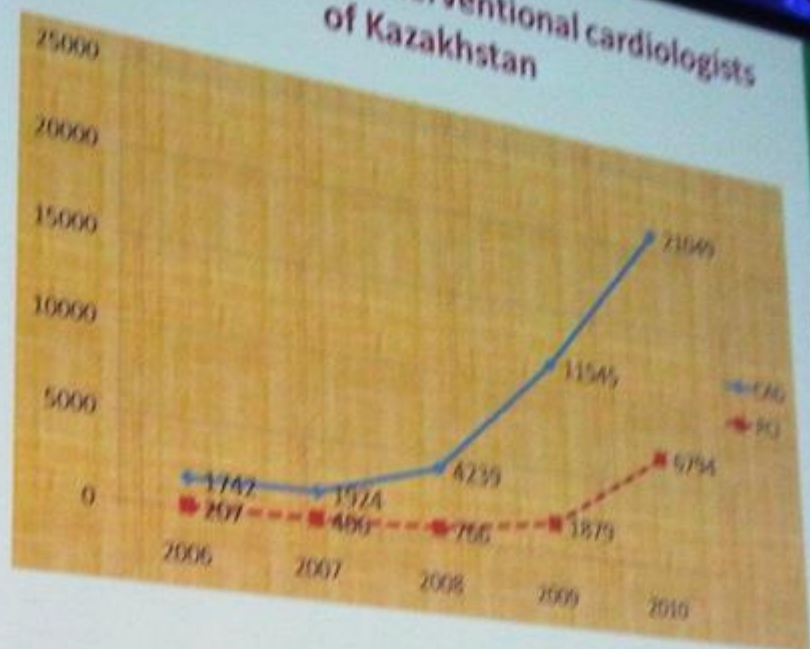
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Surgical activity of interventional cardiologists of Kazakhstan

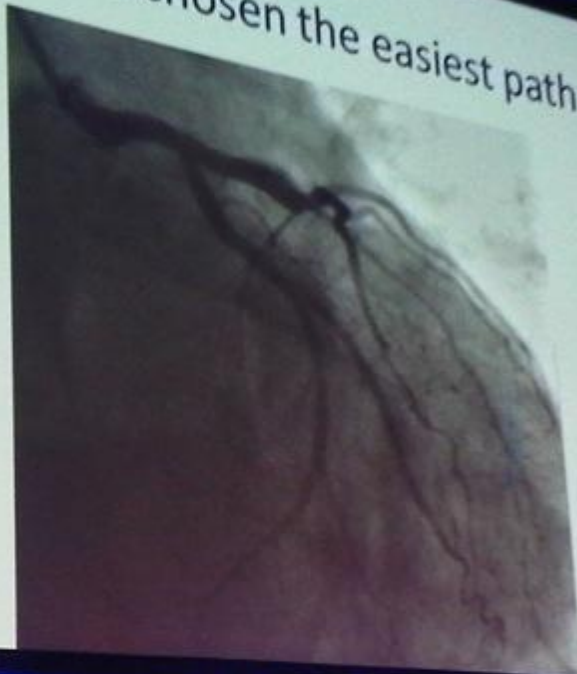




D. SAKHOV



We have chosen the easiest path



**Благодарю
за внимание!**