

# Годовой план на 2011 год

- Коронарографии – 1300
- Выполнен – 15 июня 2011 года
  
- Стентирований – 700
- Выполнен – 15 сентября 2011 года

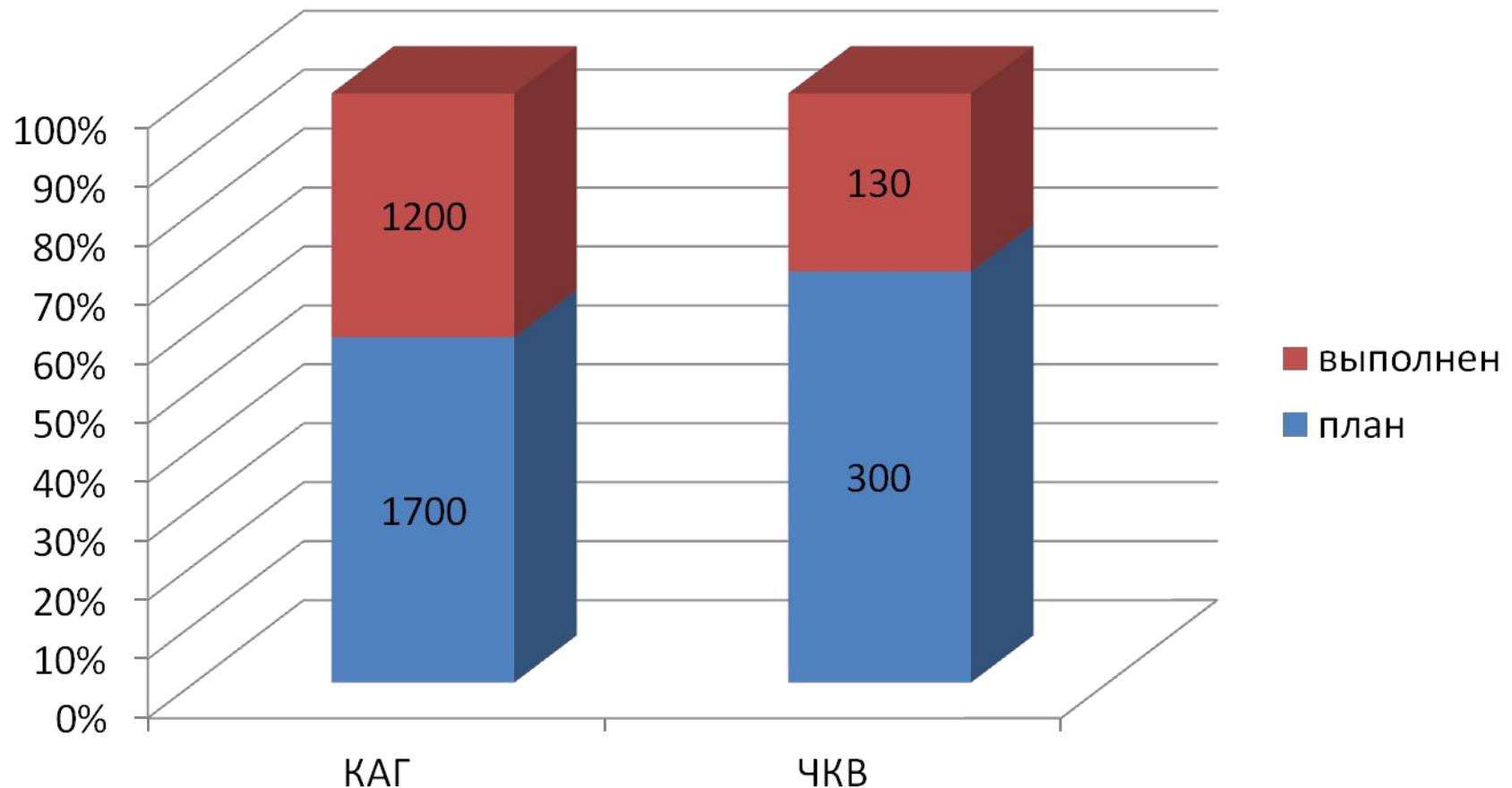


6 10 2009

# 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



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# Силиконовые коронарные артерии



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# Негатоскоп для артерий

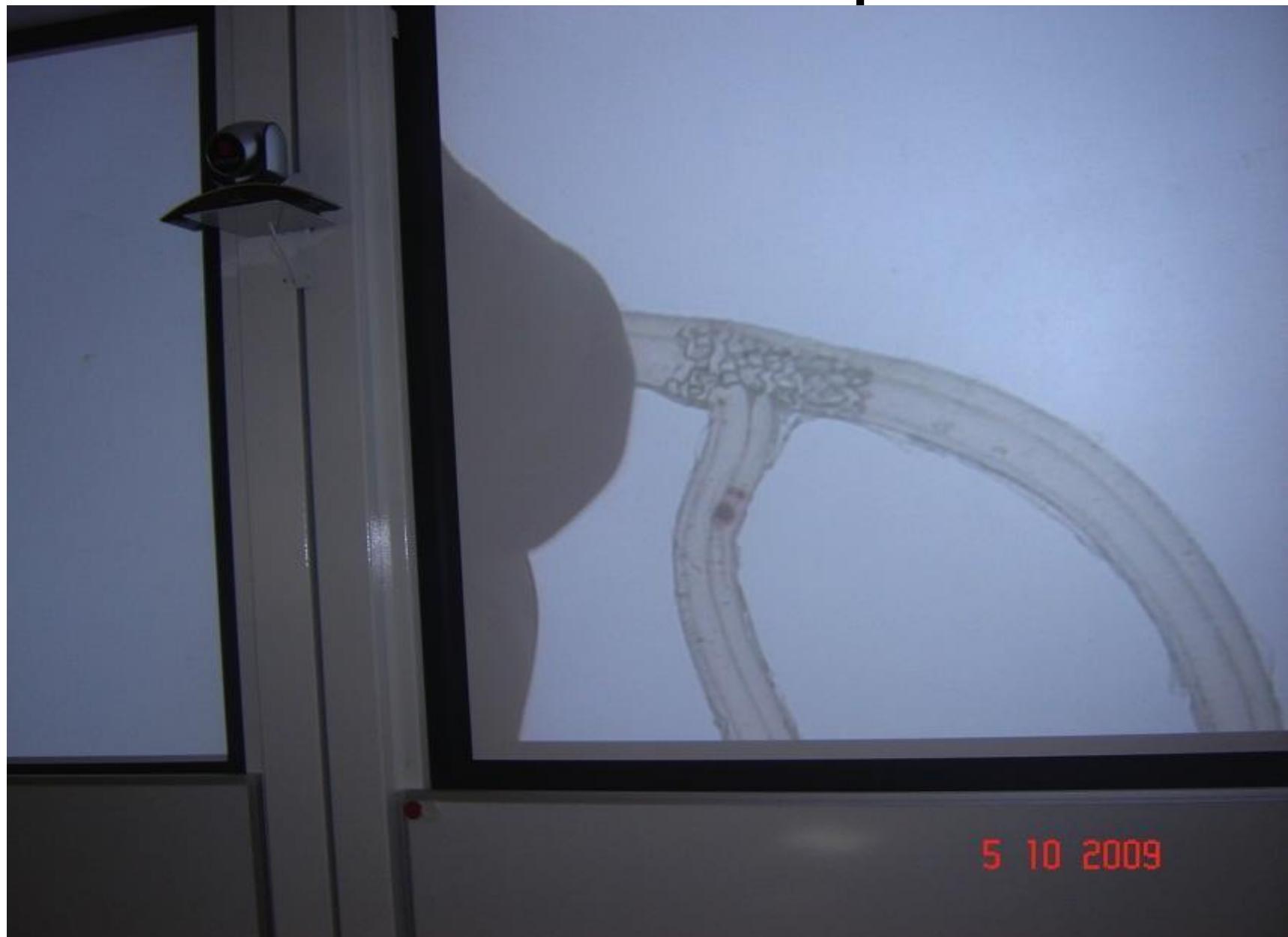


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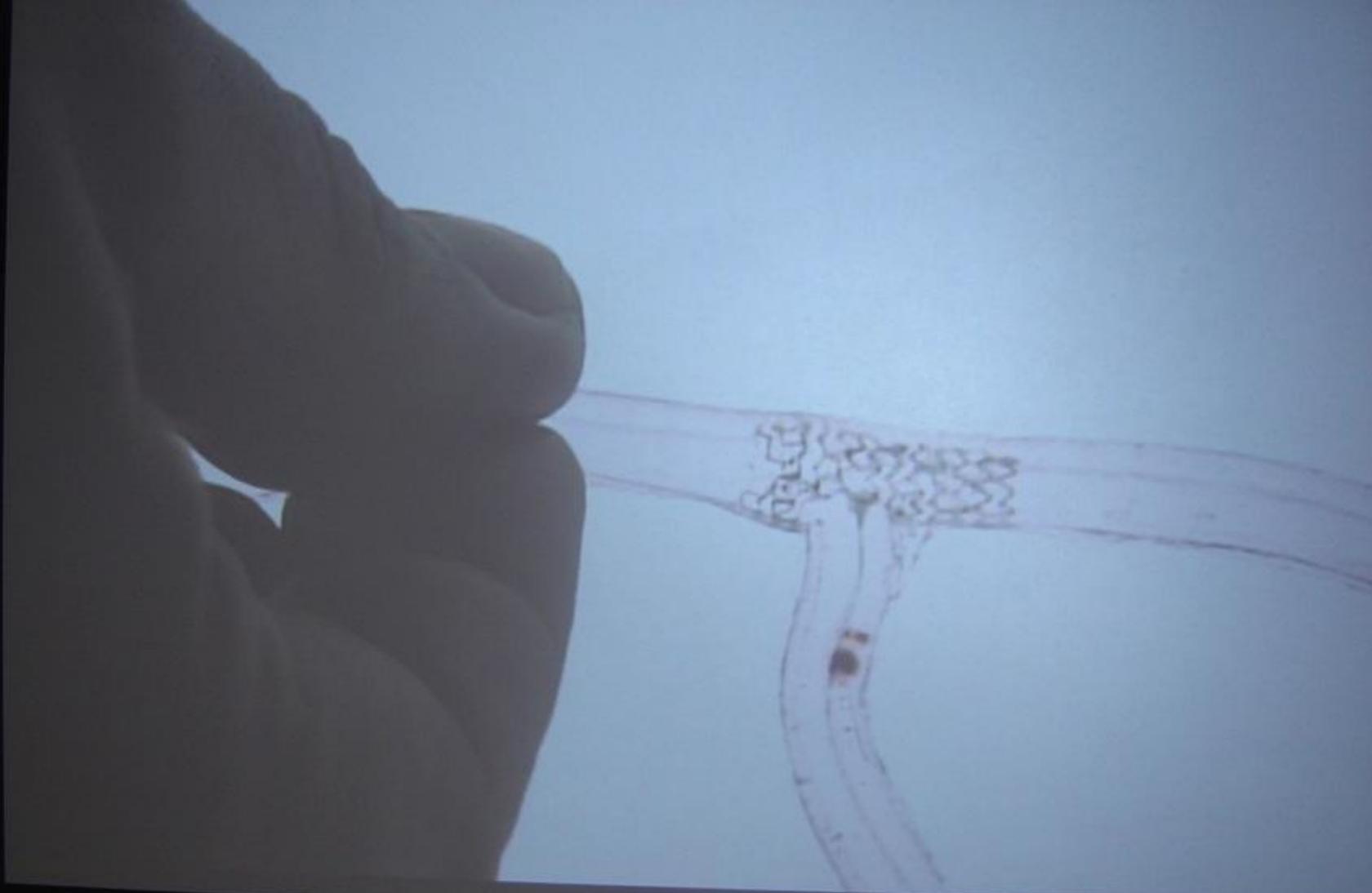
# Ошибки под микроскопом



# Боковая ветвь сохранена!



5 10 2009



5 10 2009

# Мозговой штурм!



# Bifurcation Lesion by Transradial Approach

Dr. Sakhov Orazbek

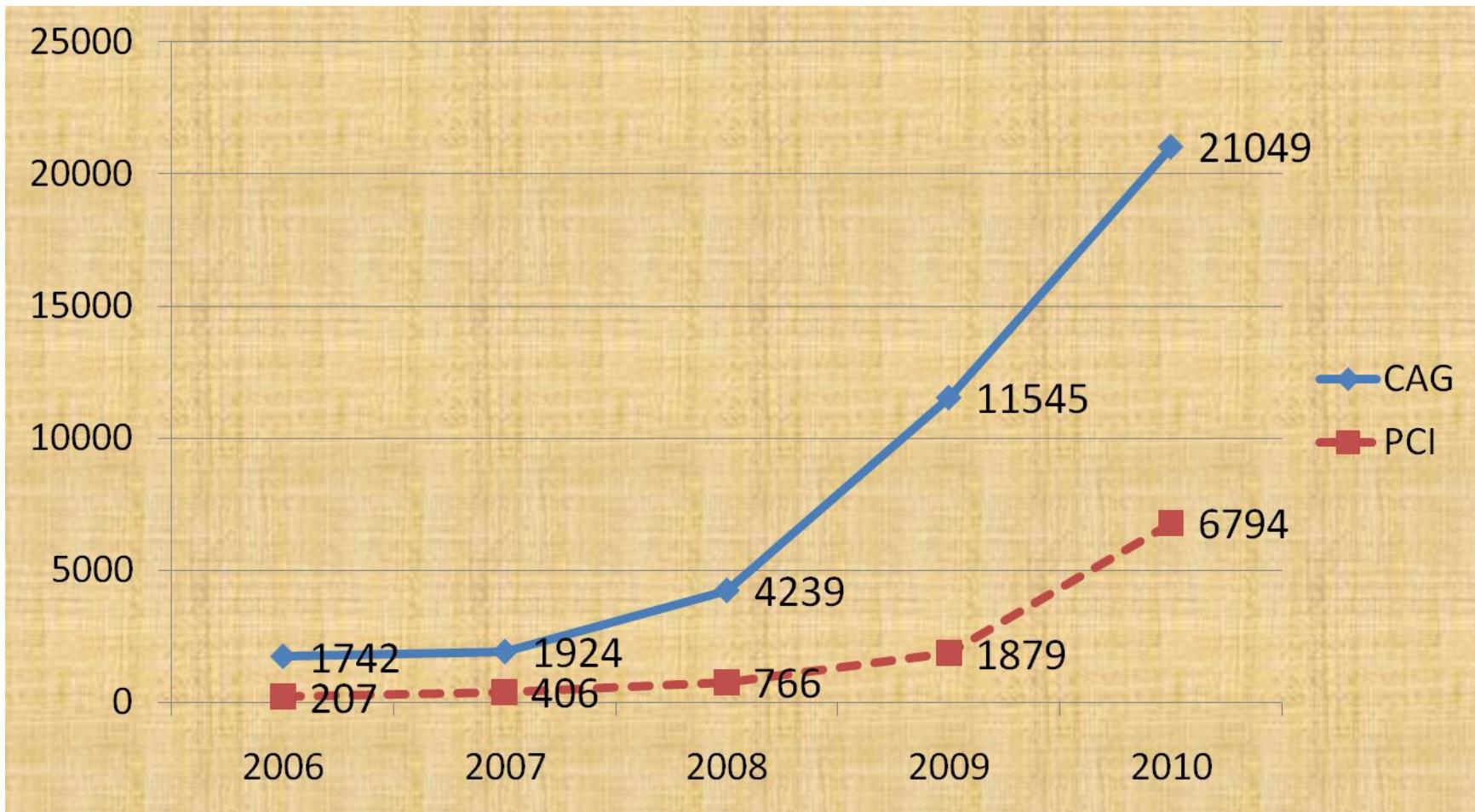
Chief of Cath Lab,

City Cardiology center of Almaty, Kazakhstan

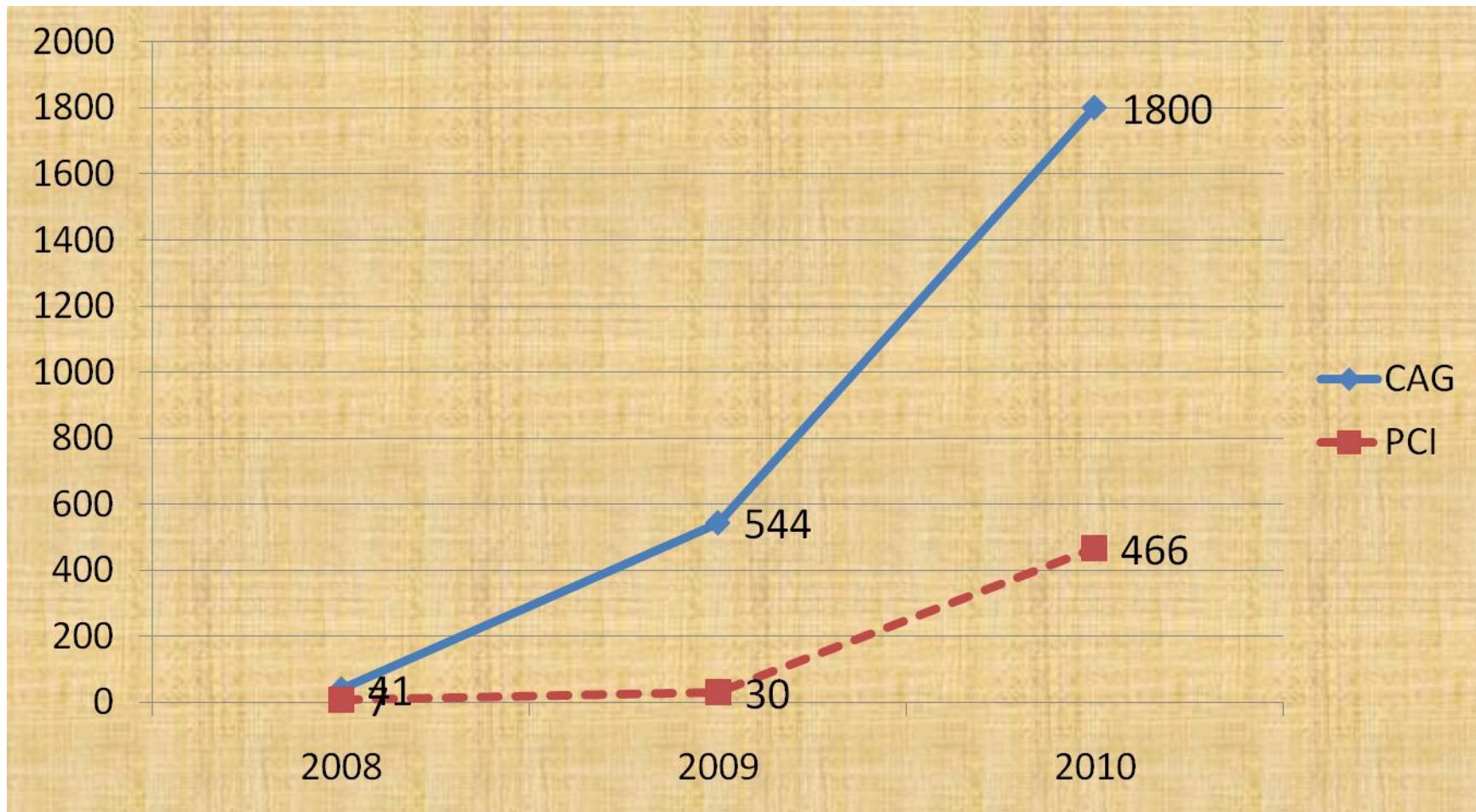
# Republic of Kazakhstan



# 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

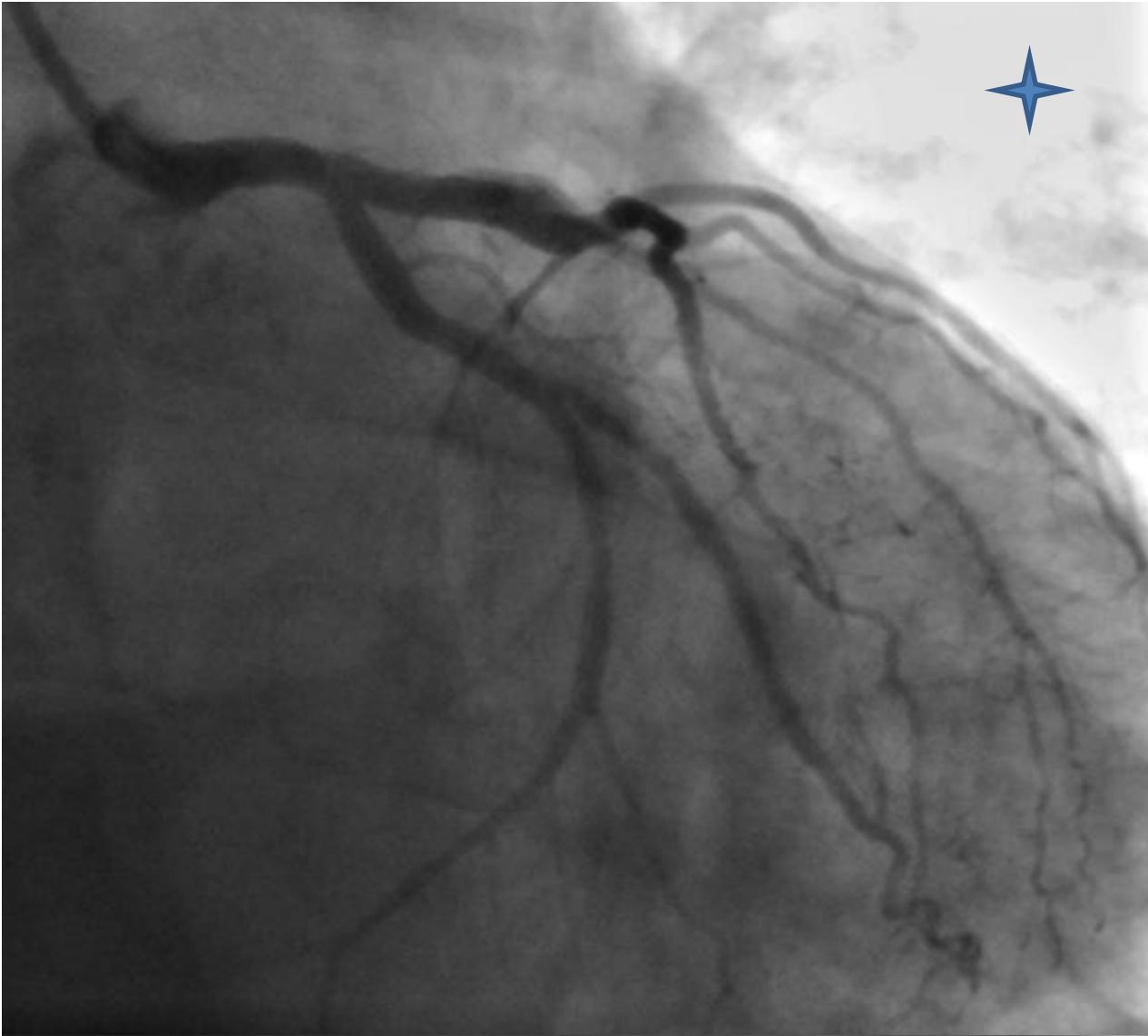
# Angio: ostial LAD + Cx (Medina - 0,1,1)



# 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

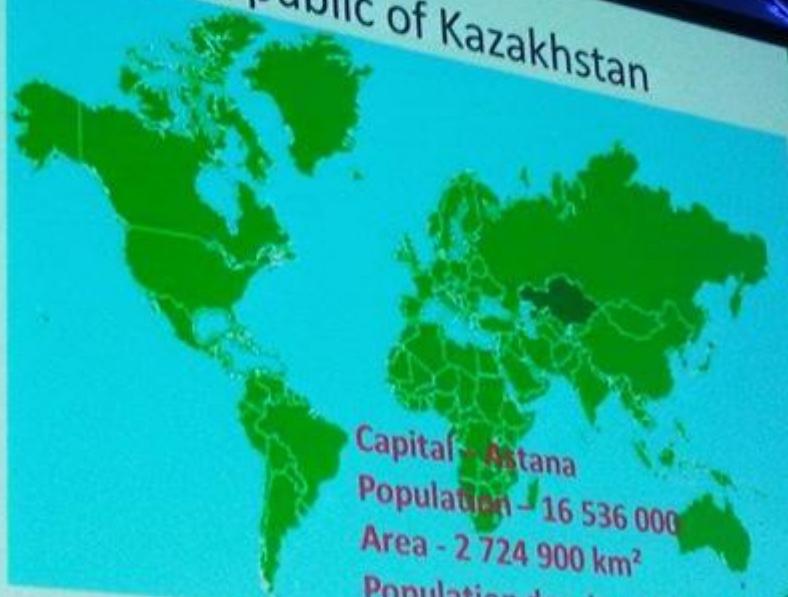


# Сессия клинических случаев





## Republic of Kazakhstan



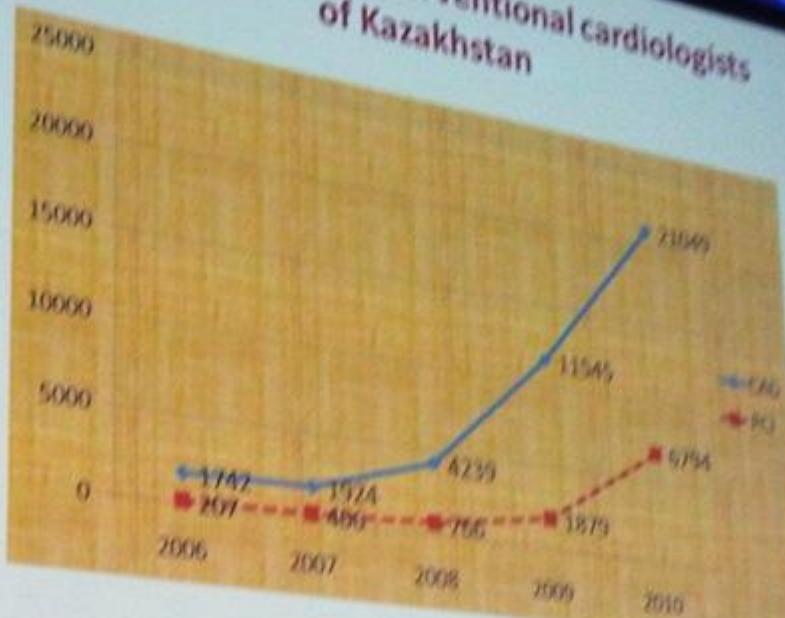
O.SHIKHOV

A man in a dark suit and tie stands at a podium, looking down at some papers. A name tag on the podium identifies him as O.SHIKHOV.

A man in a dark shirt is seated at a table on the stage.

A man in a dark suit and tie is seated at a table on the stage.

## Surgical activity of interventional cardiologists of Kazakhstan



O. SAKHNOV

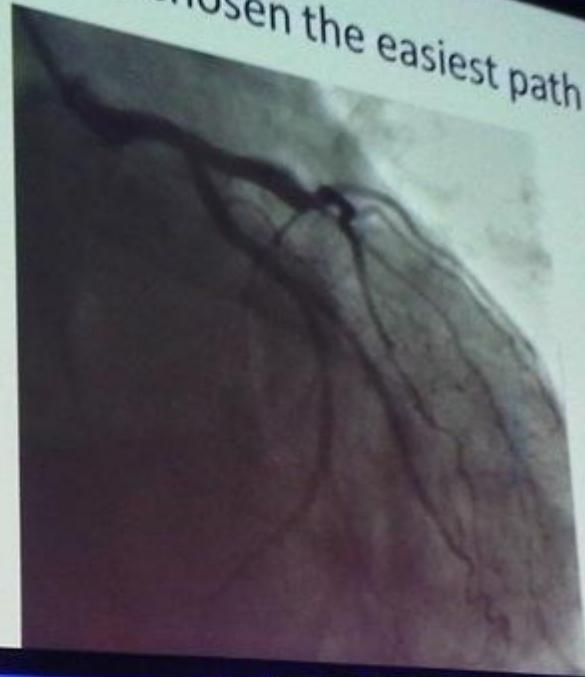


O.SAKHOV

DH

HOTELS

We have chosen the easiest path



O. SAKHOV



**Благодарю  
за внимание!**