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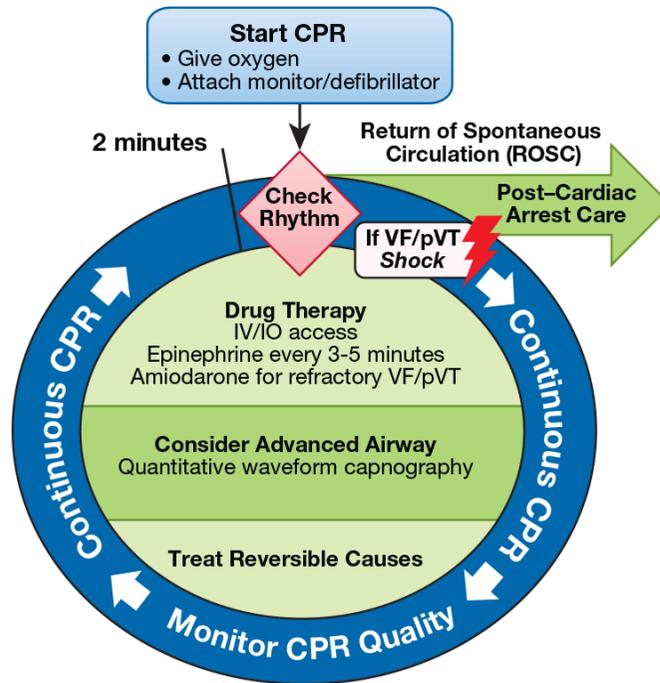
Fallvignette: koronare Herzerkrankung

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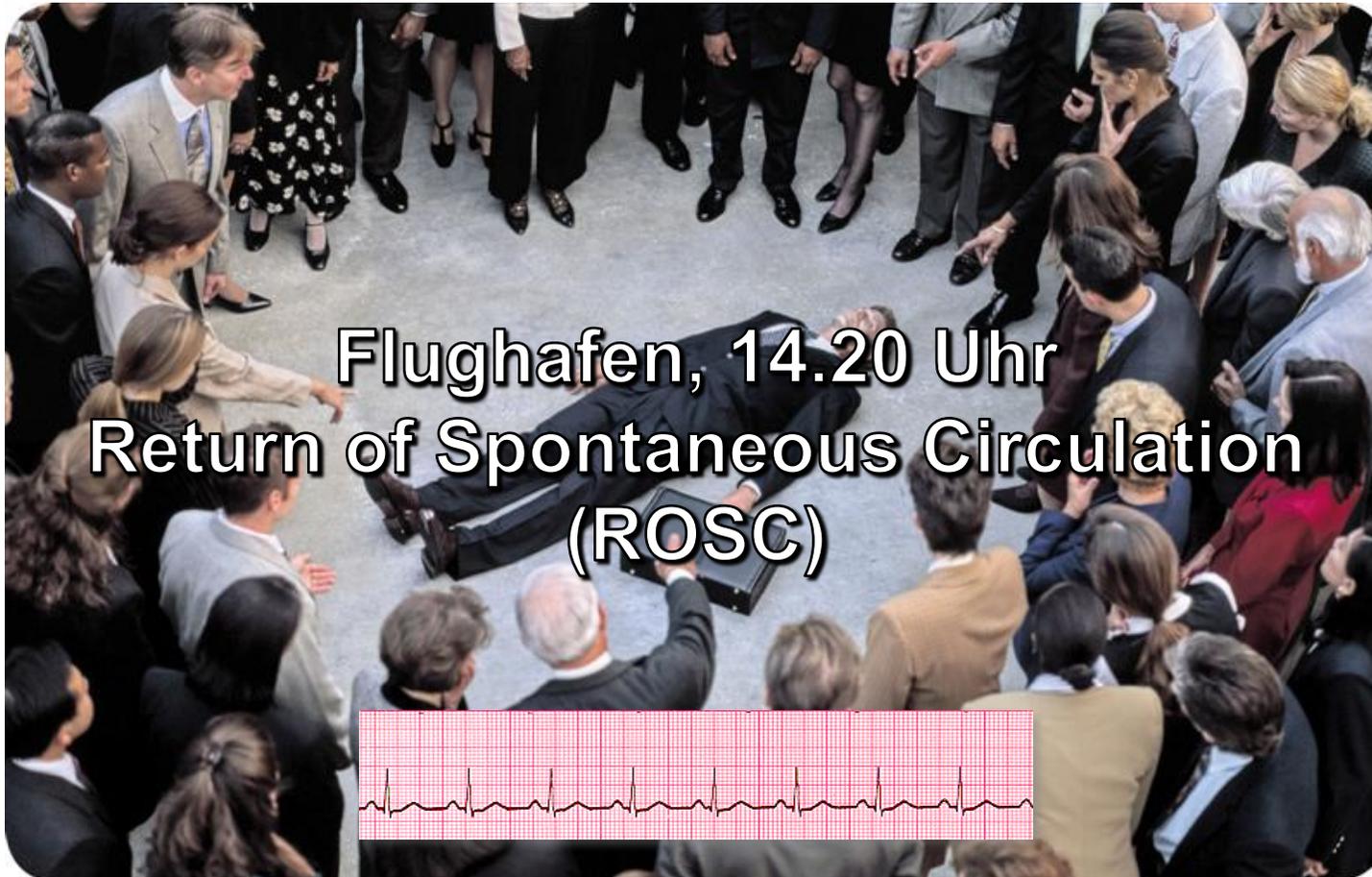
REA Zyklus

Adult Cardiac Arrest Circular Algorithm—2015 Update



© 2015 American Heart Association

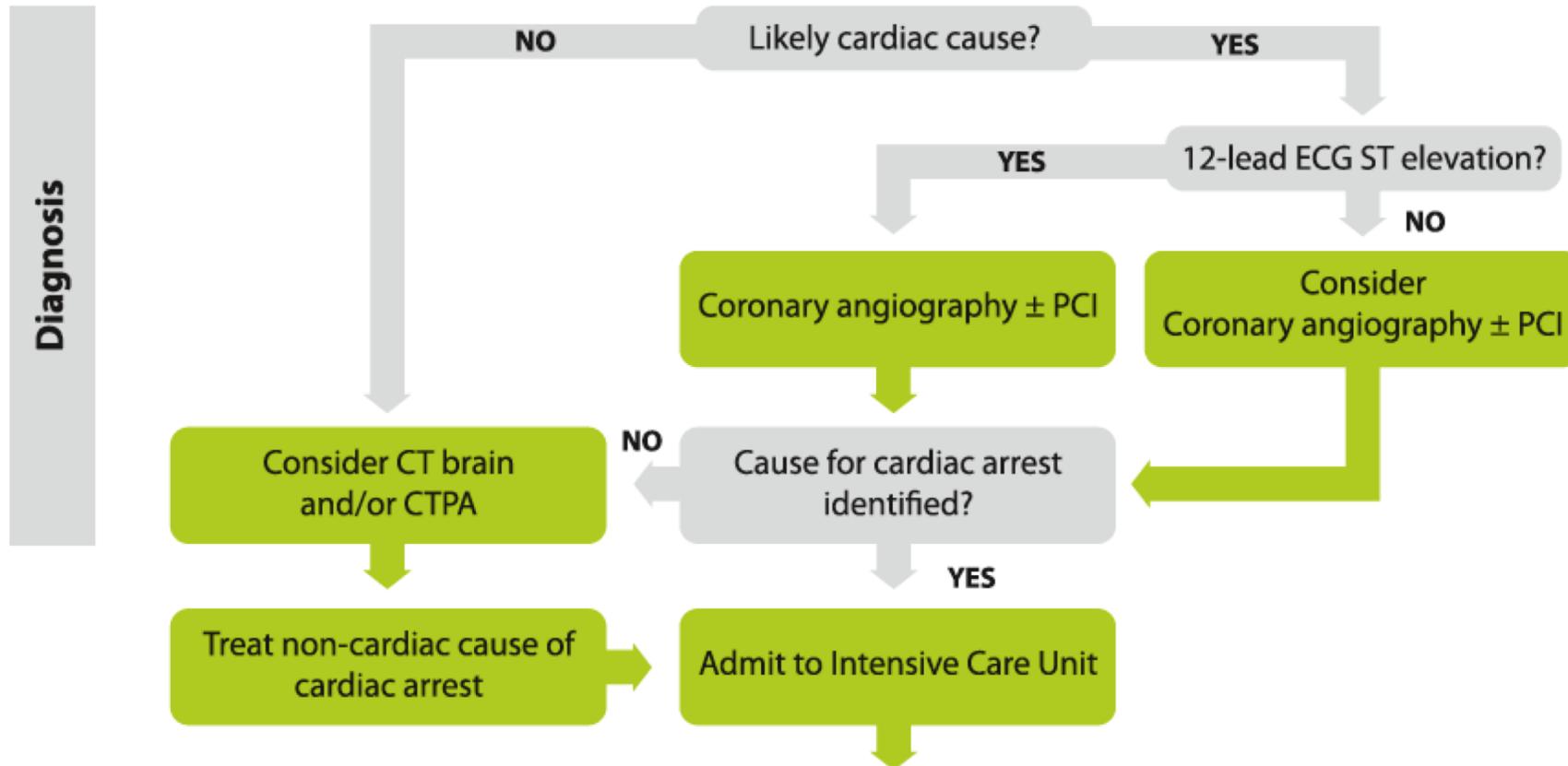
CPR Quality
<ul style="list-style-type: none"> • Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil. • Minimize interruptions in compressions. • Avoid excessive ventilation. • Rotate compressor every 2 minutes, or sooner if fatigued. • If no advanced airway, 30:2 compression-ventilation ratio. • Quantitative waveform capnography <ul style="list-style-type: none"> – If PETCO₂ <10 mm Hg, attempt to improve CPR quality • Intra-arterial pressure. <ul style="list-style-type: none"> – If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality.
Shock Energy for Defibrillation
<ul style="list-style-type: none"> • Biphasic: Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered. • Monophasic: 360 J
Drug Therapy
<ul style="list-style-type: none"> • Epinephrine IV/IO dose: 1 mg every 3-5 minutes • Amiodarone IV/IO dose: First dose: 300 mg bolus. Second dose: 150 mg.
Advanced Airway
<ul style="list-style-type: none"> • Endotracheal intubation or supraglottic advanced airway • Waveform capnography or capnometry to confirm and monitor ET tube placement • Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions
Return of Spontaneous Circulation (ROSC)
<ul style="list-style-type: none"> • Pulse and blood pressure • Abrupt sustained increase in PETCO₂ (typically ≥40 mm Hg) • Spontaneous arterial pressure waves with intra-arterial monitoring
Reversible Causes
<ul style="list-style-type: none"> • Hypovolemia • Hypoxia • Hydrogen ion (acidosis) • Hypo-/hyperkalemia • Hypothermia • Tension pneumothorax • Tamponade, cardiac • Toxins • Thrombosis, pulmonary • Thrombosis, coronary



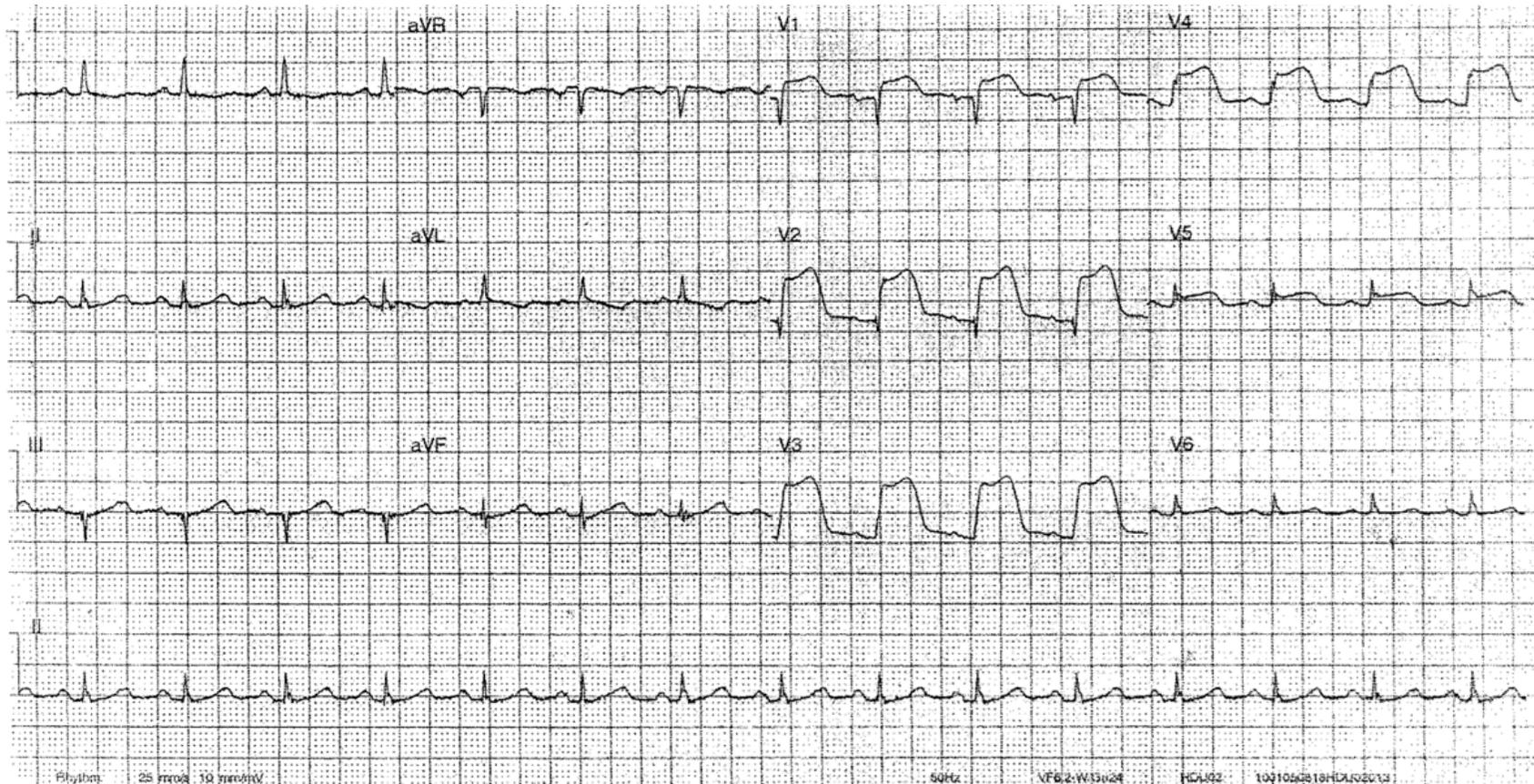
Flughafen, 14.20 Uhr
Return of Spontaneous Circulation
(ROSC)



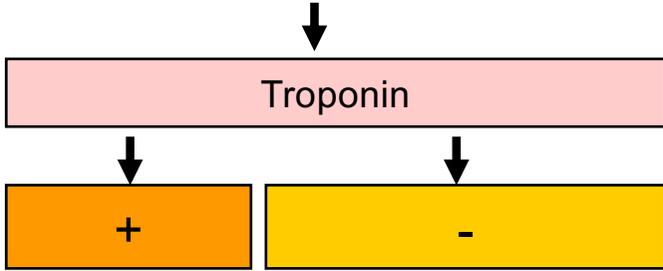
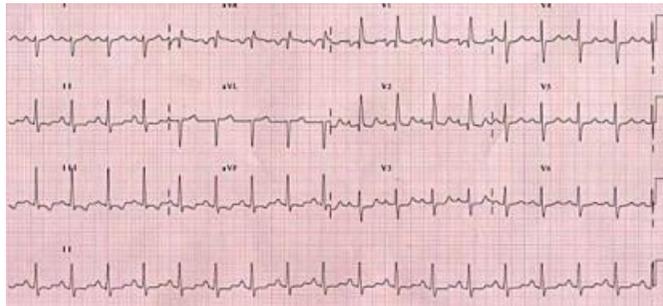
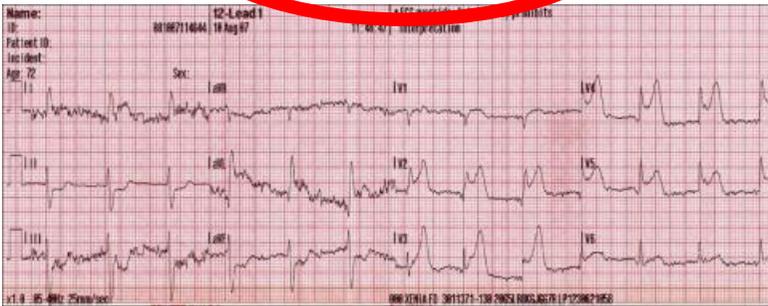
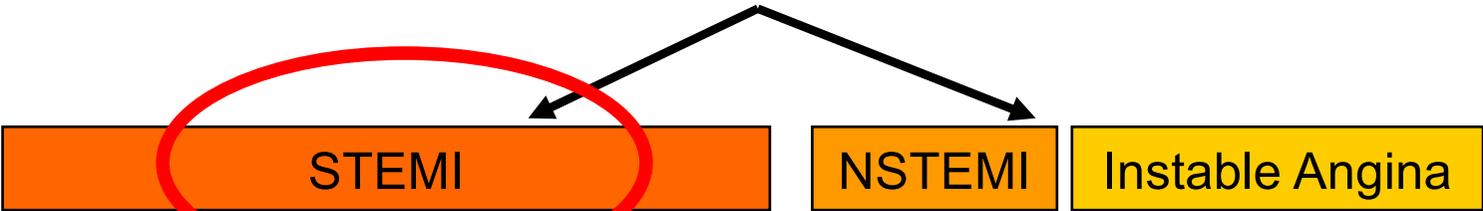
Weiterbehandlung im Spital



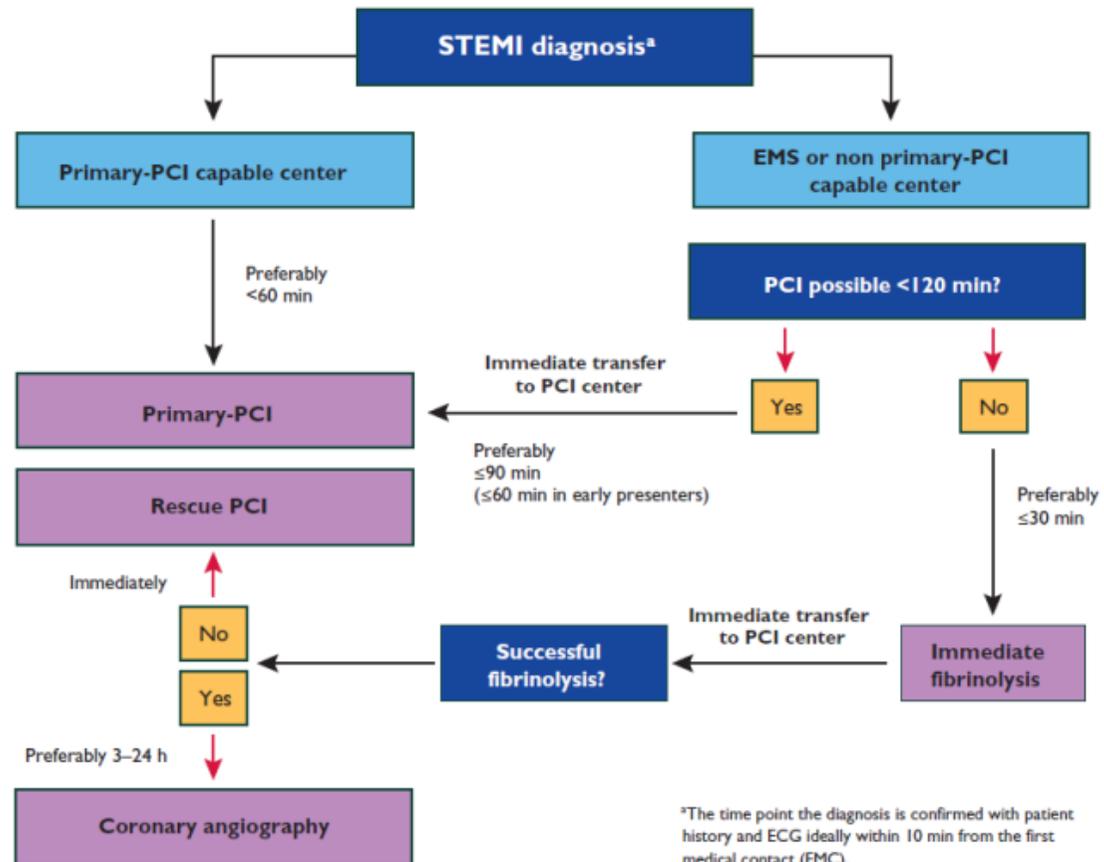
Übernahme und Stabilisierung im Schockraum: Diagnosestellung, Procedere



Akutes Koronarsyndrom



Akute Reperfusion



^aThe time point the diagnosis is confirmed with patient history and ECG ideally within 10 min from the first medical contact (FMC). All delays are related to FMC (first medical contact).

Reperfusion bei STEMI – dringlich!!!

Wichtigstes Ziel in der Infarktbehandlung

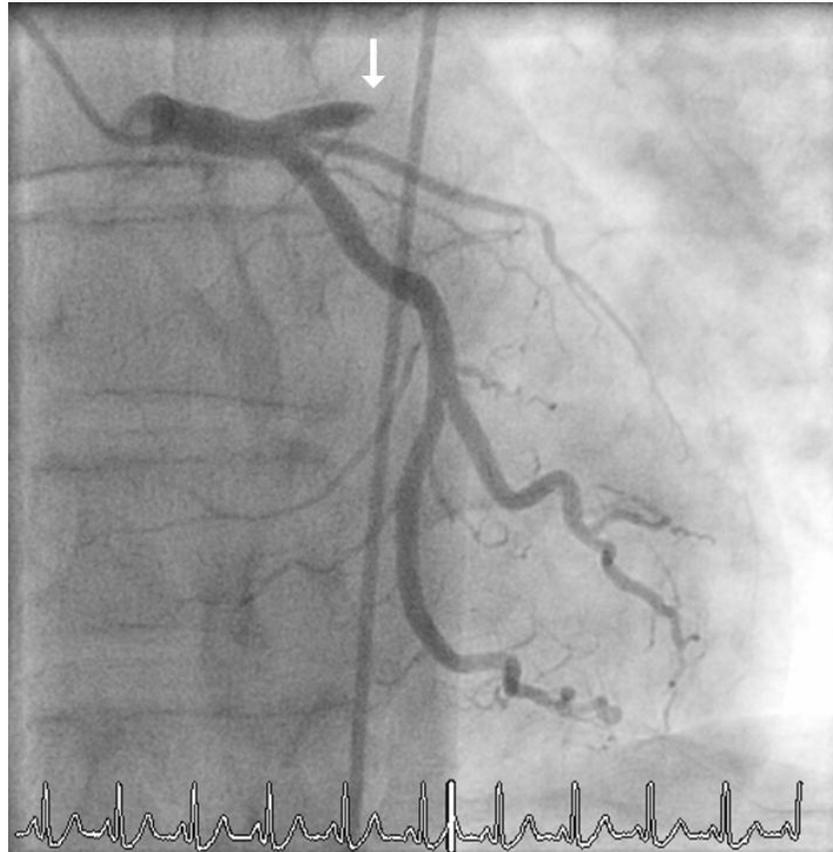
*Frühe,
komplette
und anhaltende Reperfusion des Myokards*

„time is life, time is muscle“

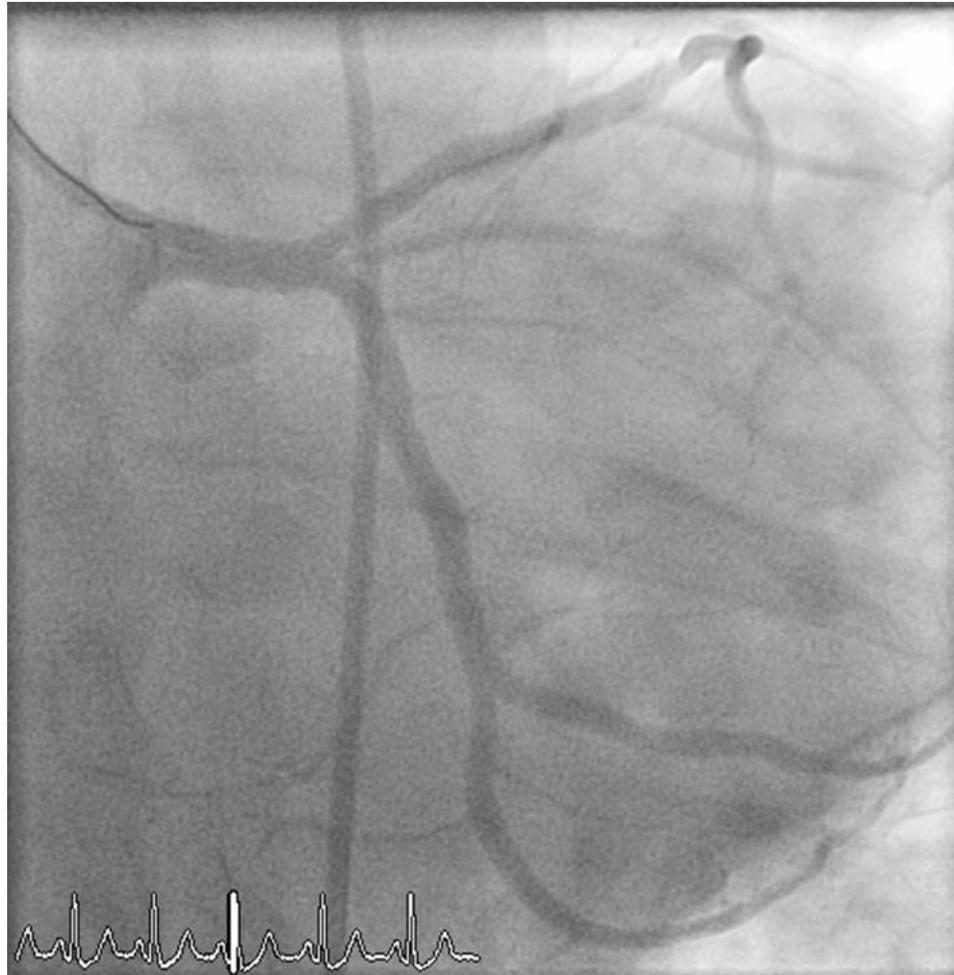
Verlegung Herzkatheter Labor

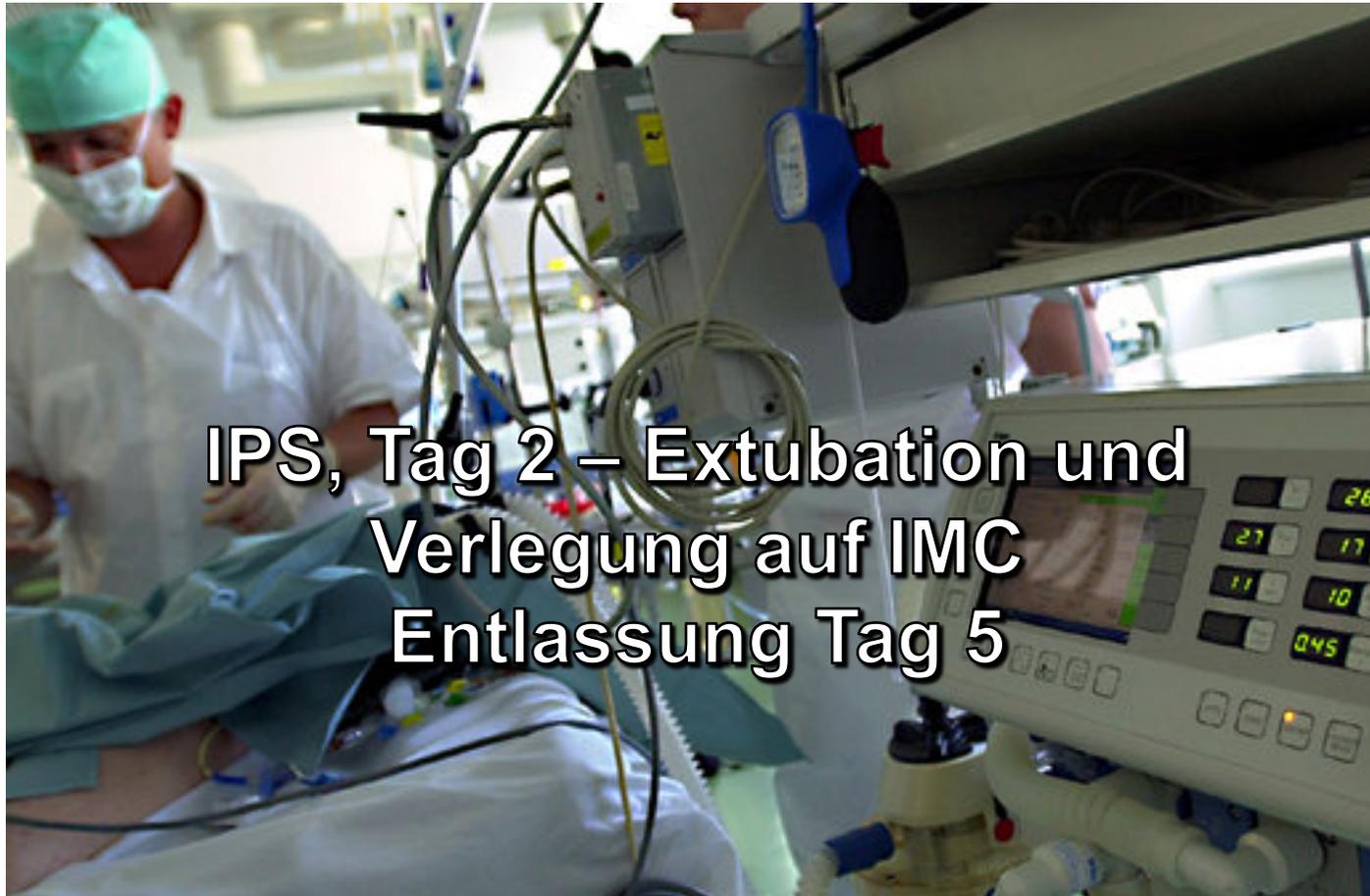


Verschluss proximaler RIVA



Ergebnis nach PTCA und Stentimplantation im proximalen RIVA



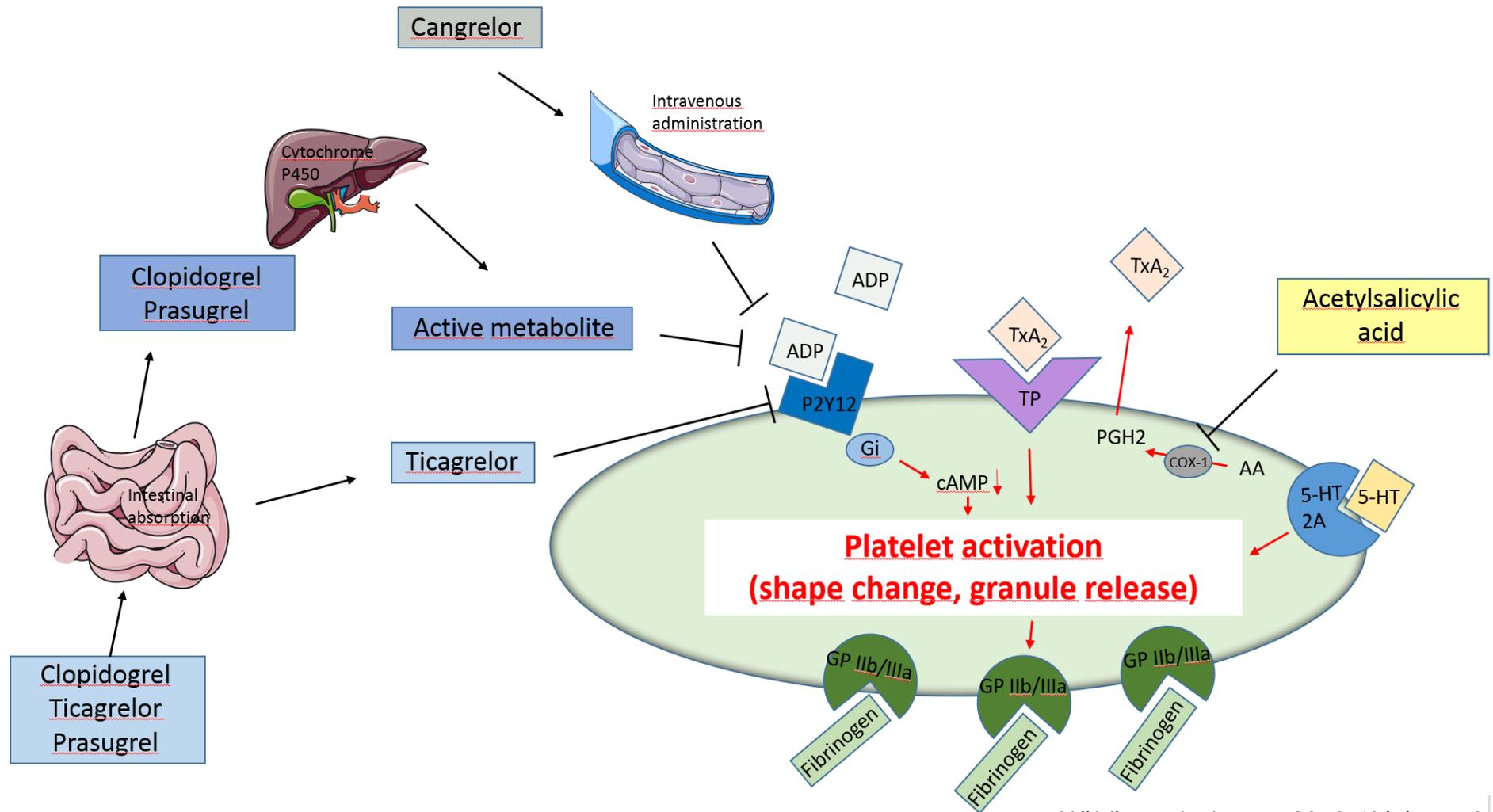


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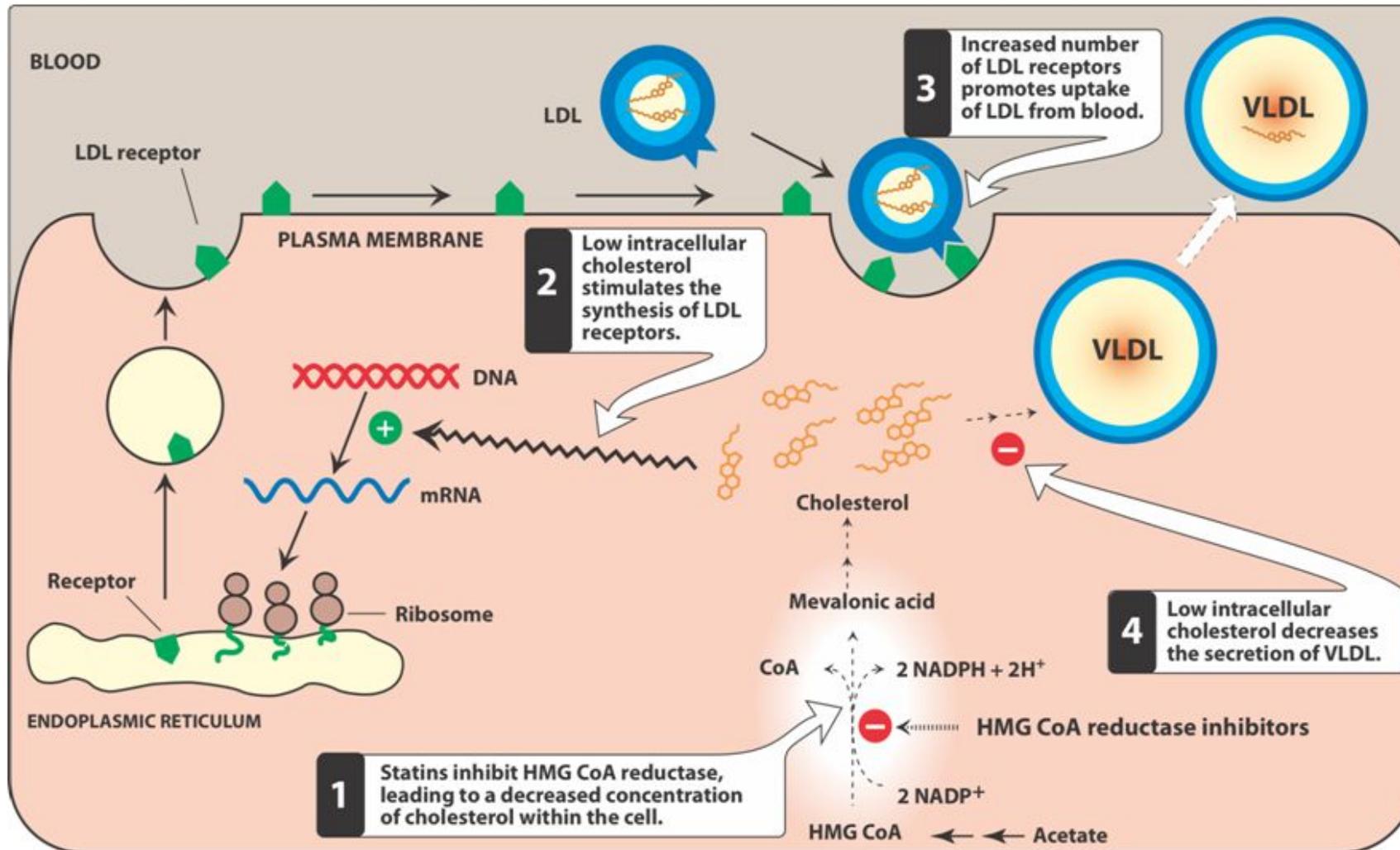
Therapie bei ACS

Antithrombotika	Aspirin	Continue life long
	P2Y₁₂ inhibitor	Continue for 12 months (unless at high risk of bleeding)
Herzinsuffizienz	β-Blocker	If LV function depressed
	ACE inhibitor/ ARB	If LV function depressed Consider for patients devoid of depressed LV function
	Aldosterone antagonist/ eplerenone	If depressed LV function (LVEF ≤35%) and either diabetes or heart failure, without significant renal dysfunction
Lipidsenkung	Statin	Target LDL levels: <1.4 mmol/L or < 50 mg/dL (ESC 2019)
	Lifestyle	Risk-factor counselling, referral to cardiac rehabilitation / secondary prevention programme

Duale plättchenhemmende Therapie (DAPT)



Die Wirkung von Statinen



Harvey RA. *Lippincott's Illustrated Reviews: Pharmacology*. 5th ed. Baltimore, MD: Lippincott, Williams & Wilkins; 2012.

Take Home Messages

- **Sofortige Koronarangiographie und PCI** bei STEMI, innerhalb <72 Stunden bei NSTEMI.
- Eine **duale antiaggregatorische Therapie** erfolgt nach Stentimplantation bei stabiler KHK für 6 Monate, nach akutem Koronarsyndrom für 12 Monate. **Aspirin lebenslanglich.**
- Eine **strikte Kontrolle der kardiovaskulären Risikofaktoren** nach sekundär-präventiven Zielwerten ist essentiell. **Lebenslängliche Aspirin- und Statintherapie.**

**Vielen Dank für Ihre
Aufmerksamkeit**

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