

CARDIAC CATHETER LABORATORY



Queensland Government

Princess Alexandra Hospital

199 Ipswich Road

Woolloongabba, QLD 4102

Phone: (07) 3176 6290 or 3176 7620

Fax: (07) 3176 6299

PROCEDURE REPORT

Patient Name: **BROWN, JASON**
 UR Number : 8121452-PAH Age : 34y Hospital Insurance : Public
 DOB : 20/04/1989 Height : 180cm Admission Source : Inpatient - Other Medical
 Gender : M Weight : 85kg Ward : DEM
 Procedure Date : 11/05/2023 BSA : 2.05m2 Program : CARD
 Accession Number : 1CI23001990-PAH BMI : 26.2kg/m2 Exam Location: CCL 3
 Referring Doctor : A/Prof Dariusz Korczyk

Consultant: Korczyk, Dariusz Interventional Cardiologist: Camuglia, Anthony
 Consultant: Camuglia, Anthony Fellow: Brennan, Anthony
 Advanced Trainee: Danda, Nita
 Advanced Trainee: Oldfield, Kieran

PROCEDURES

- Coronary Angiography
- Right Heart Catheterisation
- Biopsy of Myocardium by Cardiac Catheterisation
- Percutaneous insertion of Intra-Aortic Balloon Pump
- Right Femoral Artery Angiography

INDICATIONS

Referred for an emergency procedure for:

- Elevated troponin
- Evaluation of cardiomyopathy or LV systolic dysfunction
- Out of hospital arrest
- Documented VF arrest
- Acute Pulmonary Oedema
- Cardiogenic shock

TECHNIQUE/APPROACH

Right radial artery	6Fr 10cm Glidesheath Slender	Outcome Successful
Right Femoral Artery	6 FR 10cm sheath	sized up to a 8 FR 10cm sheath. Outcome Successful
Left Femoral Artery	4 FR 10cm sheath	Outcome Successful
Right femoral vein	8.5Fr 20cm Multi-Lumen Central Venous Catheter	Outcome Successful
Left femoral vein	7 FR 10cm sheath	Outcome Successful

Additional Comments - RIJ 7FR 10cm for endomyocardial biopsy. Ultrasound and fluoroscopically guided femoral venous and arterial and jugular venous access.

Manufacturer	FR Size	Diagnostic Catheters	Wires	Comments
Terumo	5	Radial TIG		
Boston Scientific	6	JL 4.0		
Boston Scientific	6	JL 5.0		

COMPLICATIONS

- The patient experienced no complications

CONCLUSIONS

1. Angiographically normal coronary arteries

RECOMMENDATIONS

1. Access Site Management : Commence unfractionated heparin infusion (no bolus) from 0600 tomorrow if IABP remains in-situ.

Electronically Signed 11/05/2023 16:38:54
By Dr Anthony Camuglia,

Copy Report to :
