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| ***Exercise 1*** |
| **INDICATIONS:** chest pain**CARDIAC FINDINGS:**LEFT MAIN CORONARY ARTERY: Short; patent.LEFT ANTERIOR DESCENDING ARTERY: Mild disease proximally with a focal 80% stenosis just after the origin of a large diagonal branch which itself has just mild disease. Sequential moderate 50% stenosis distally with otherwise minor irregularities.LEFT CIRCUMFLEX ARTERY: Large non-dominant vessel with mild diffuse disease. Small OM branches.RIGHT CORONARY ARTERY: Large dominant vessel with mild diffuse disease.PROCEDURE: PCI to LAD Lesion predilated with a 2.0x10mm SC balloon prior to deployment of a 3.0x22mm Resolute Onyx drug eluting stent. Excellent angiographic result.**CONCLUSION:**Severe single vessel disease - LADSuccessful PCI to the LAD with a single drug eluting stent |
| Principal Diagnosis:  |  |  |
| Associated Diagnosis/es |  |  |
| Principal Procedure: |  |  |
| Associated procedure/s |  |  |

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| ***Exercise 2*** |
| **Indication:** STEMI**Findings:** Stenosis of OM1 and OM2**Procedure:** Angiography & angioplasty1) Wire to OM 1: 2.75 x 6mm Drug Eluting Stent to OM1. Post-dilated 2.75mm balloon. 0% residual stenosis2) Wire to OM2: Predilated 2mm balloon. Stent passed and deployed at 10atm. 0% residual stenosis |
| Principal Diagnosis:  |  |  |
| Associated Diagnosis/es |  |  |
| Principal Procedure: |  |  |
| Associated procedure/s |  |  |

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| ***Exercise 3*** |
| **Indication**: Angina**Procedure**: PCI – stent, L heart catheterisation**Findings**:L ventriculogram: EF = 41%. Mildly dilated LV.L main coronary artery: dominant, widely patentL anterior descending artery: medium calibre with 40% stenosisCircumflex artery: 90% stenosisR coronary artery: dominant vessel, 60% stenosis**Procedure**PTCA stent to proximal circumflex. PTCA stent to distal circumflexBoth pre-dilated with balloon prior to insertion of stents**Conclusion**Single vessel obstructive coronary artery disease with significant in-stent restenosisMildly dilated L ventricleSuccessful insertion of DES x2 to L Cx. |
| Principal Diagnosis:  |  |  |
| Associated Diagnosis/es |  |  |
| Principal Procedure: |  |  |
| Associated procedure/s |  |  |

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| ***Exercise 4*** |
| **History**: ? pulmonary HTN**Procedure**: Cardiac Catheterisation, Left & Right Heart**Access**: 6F right femoral arterial access, 6F right femoral venous access. Sheath insitu.**Findings**:L main coronary artery: moderate distal LMS diseaseL anterior descending artery: UnobstructedL circumflex artery: severe lesion in mid CxR coronary artery: Heavilty calcified, severe lesion in prox- mid RCALV: The left ventricle was nondilated and contracted normally**Conclusion**: Pulmonary hypertension. 2 vessel coronary disease, heavily caclified. Moderate LMS disease. |
| Principal Diagnosis:  |  |  |
| Associated Diagnosis/es |  |  |
| Principal Procedure: |  |  |
| Associated procedure/s |  |  |

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| ***Exercise 5*** |
| **Indication(s)**: Central Chest Pain, Positive CTCA**History**: Previous Coronary Bypass Surgery**Procedure**: Angiography w/ single territory PCI**Anaesthesia:**  Sedation**Cardiac findings**Left main coronary artery: Mild irregularitiesLeft anterior descending artery: Large calibre, occluded after a diagonalLeft circumflex artery: Large calibre with diffuse moderate irregularitiesRighty Coronary artery: Occluded proximally**Grafts*** The LIMA to LAD was patent with good distal run-off
* The SVG to distal RCA had a severe (90%) proximal stenosis

**Intervention**:6Fr AL1 guide. Sion blue wire passed easily to distal SVG. Pre-dilation of proximal graft with a 3.0 x15mm Euphora. Stent implanted. |
| Principal Diagnosis:  |  |  |
| Associated Diagnosis/es |  |  |
| Principal Procedure: |  |  |
| Associated procedure/s |  |  |