|  |  |  |
| --- | --- | --- |
| ***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 - LAD  Successful PCI to the LAD with a single drug eluting stent | | |
| Principal Diagnosis: |  |  |
| Associated Diagnosis/es |  |  |
| Principal Procedure: |  |  |
| Associated procedure/s |  |  |

|  |  |  |
| --- | --- | --- |
| ***Exercise 2*** | | |
| **Indication:** STEMI  **Findings:** Stenosis of OM1 and OM2  **Procedure:** Angiography & angioplasty  1) Wire to OM 1: 2.75 x 6mm Drug Eluting Stent to OM1.  Post-dilated 2.75mm balloon. 0% residual stenosis  2) 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 |  |  |

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

|  |  |  |
| --- | --- | --- |
| ***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 disease  L anterior descending artery: Unobstructed  L circumflex artery: severe lesion in mid Cx  R coronary artery: Heavilty calcified, severe lesion in prox- mid RCA  LV: 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 |  |  |

|  |  |  |
| --- | --- | --- |
| ***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 irregularities  Left anterior descending artery: Large calibre, occluded after a diagonal  Left circumflex artery: Large calibre with diffuse moderate irregularities  Righty 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 |  |  |