



UNIVERSITÄTS
FREIBURG · BAD KROZINGEN
HERZZENTRUM

How to prevent periprocedural stroke in cardiac surgery

Martin Czerny



Content

Underlying conditions, stroke risk and solutions

Complicated acute type A aortic dissection

Chronic non A non B aortic dissection

Distal aortic arch PAU

Multiple PAUs entire thoracic aorta

Arch and descending degenerative aneurysm

Cannulation strategies in high risk arches

Porcelaine aortas- TAVI

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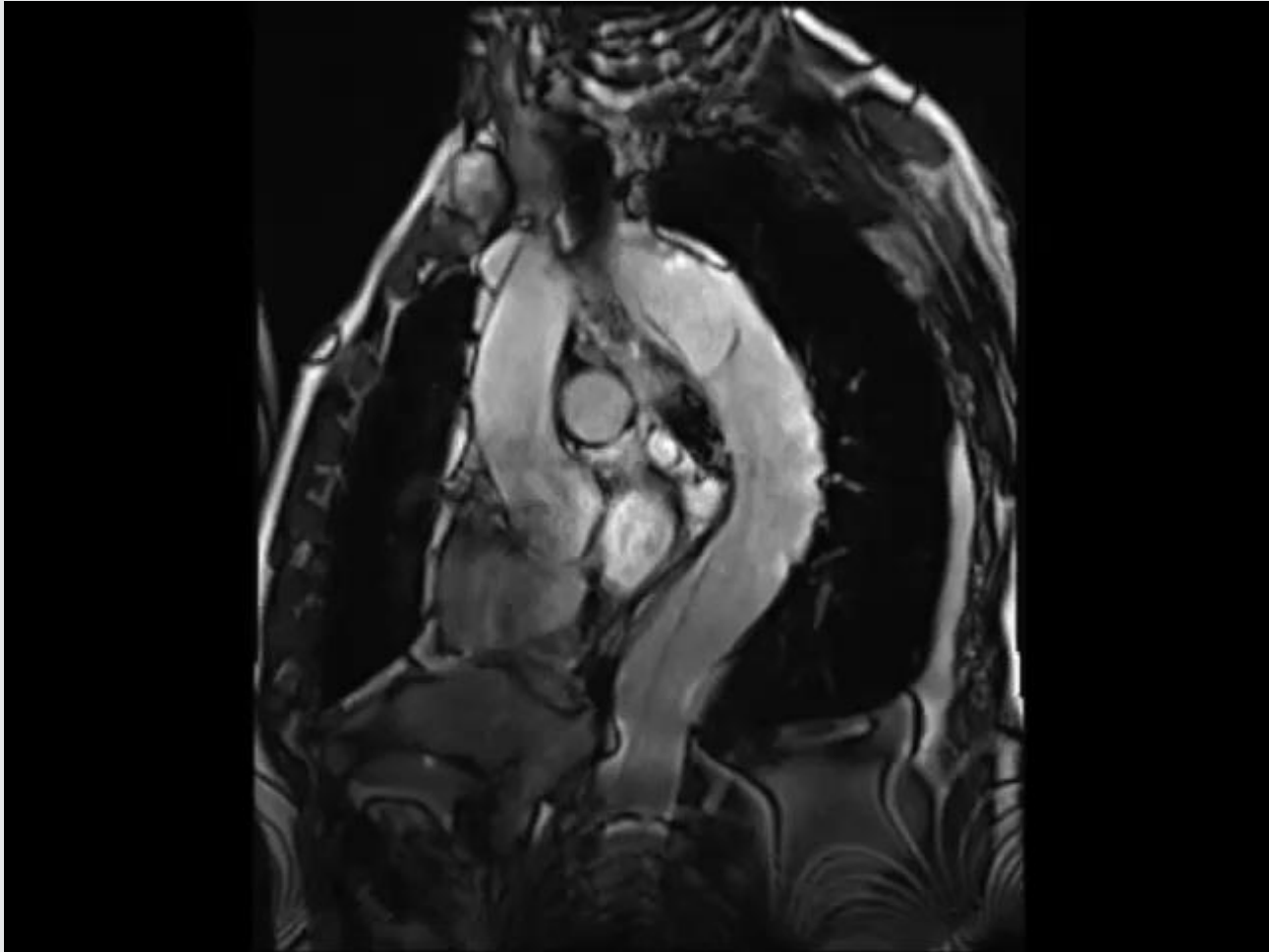
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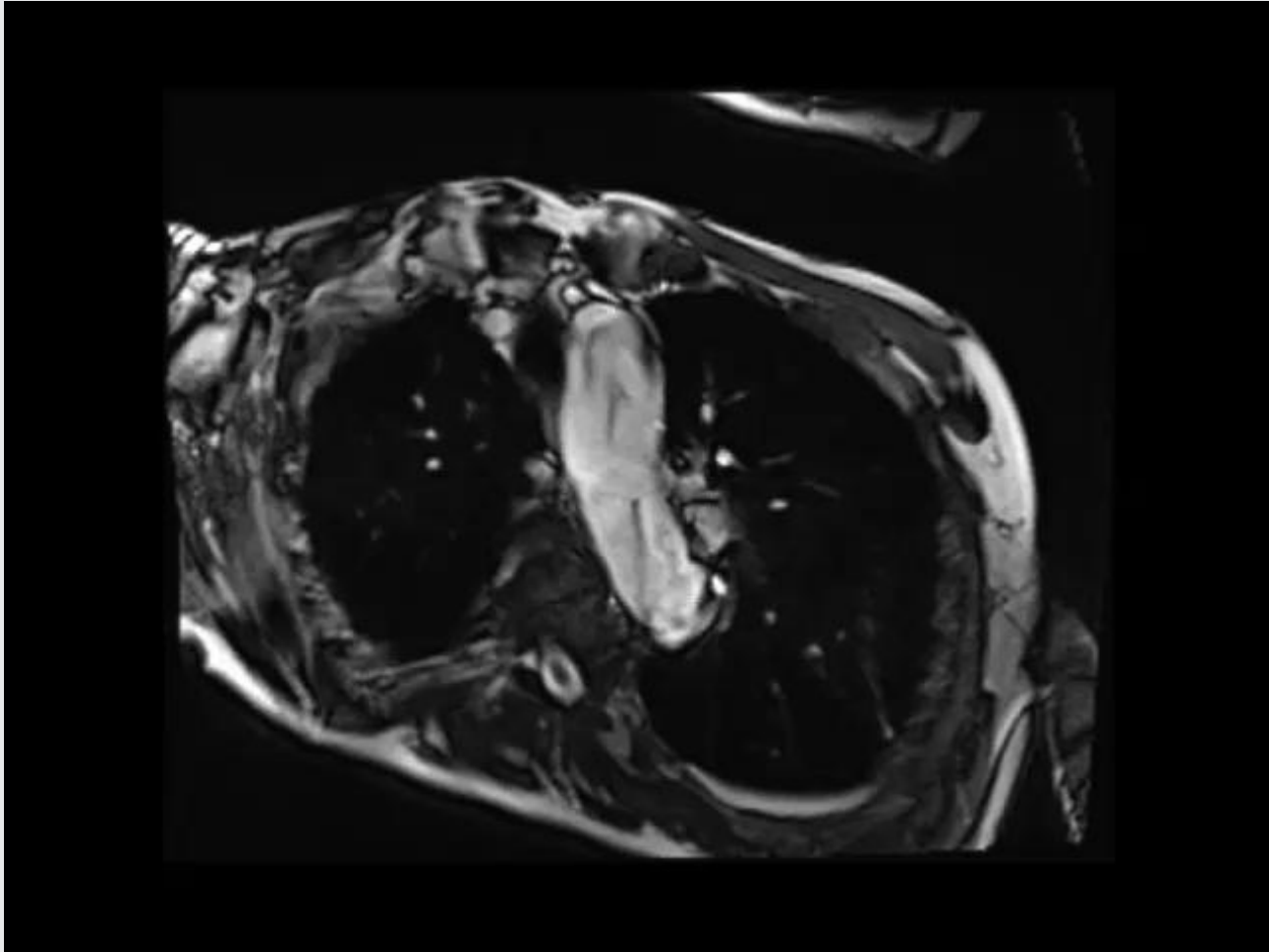
Preoperative CT scan



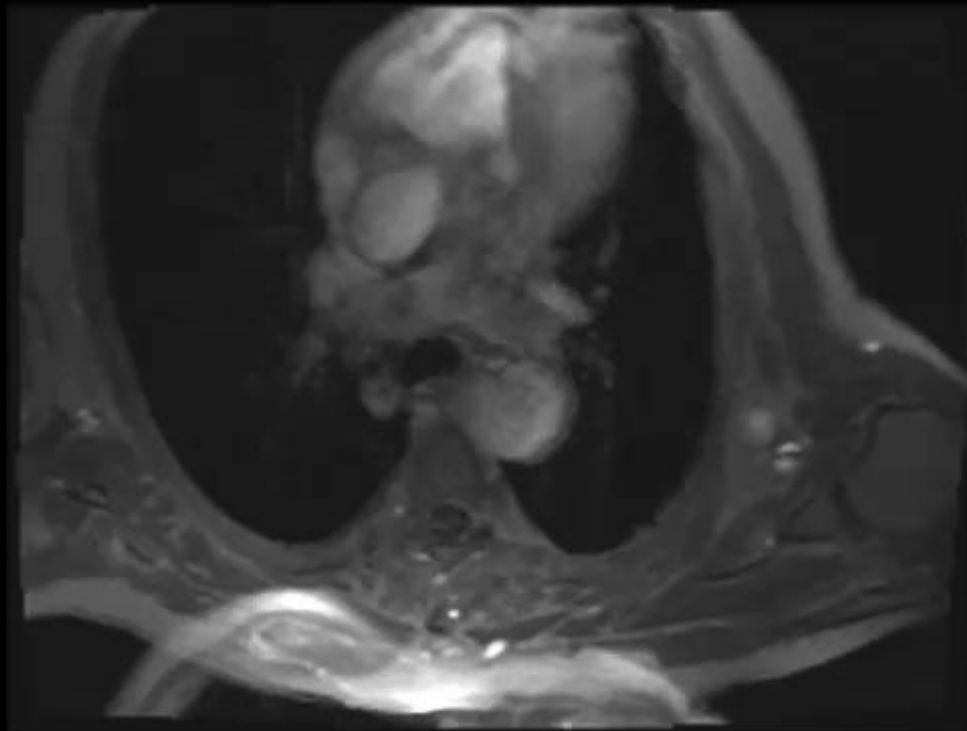
Functional imaging

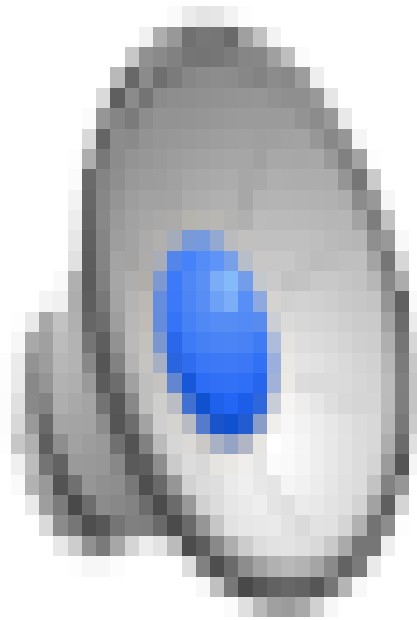


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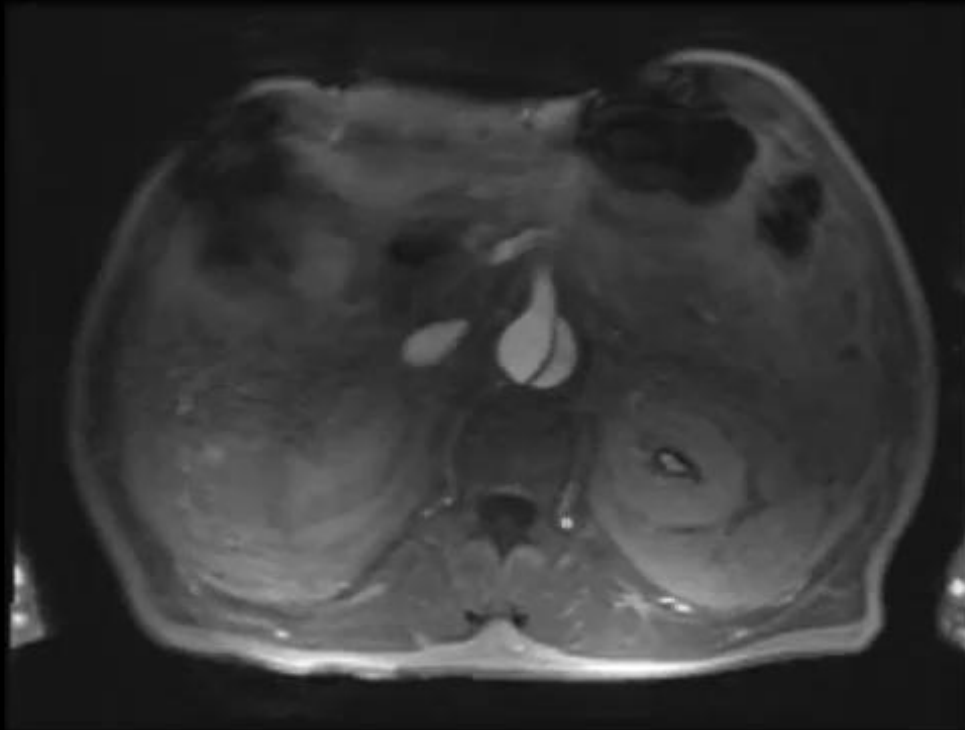


Functional imaging





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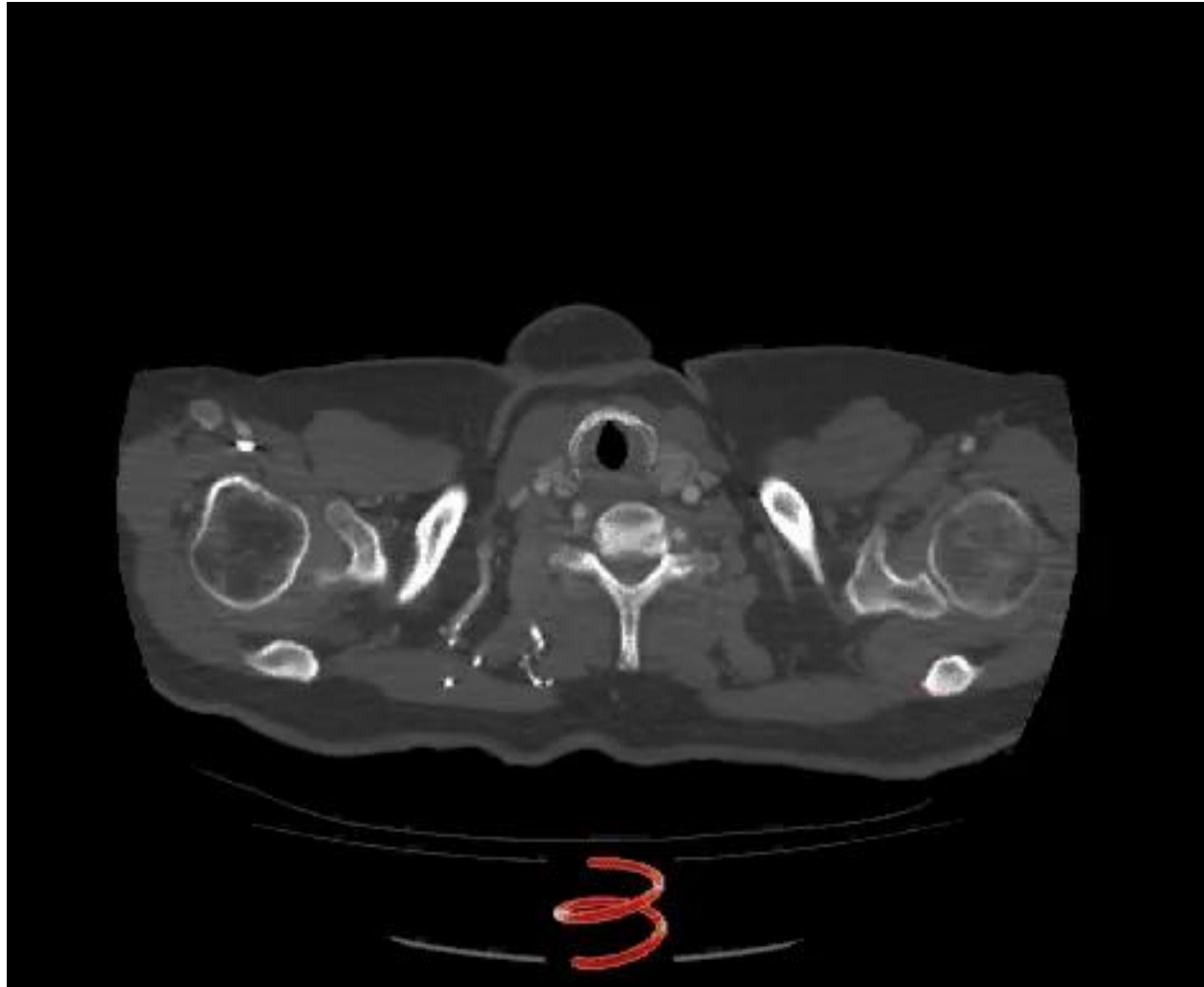
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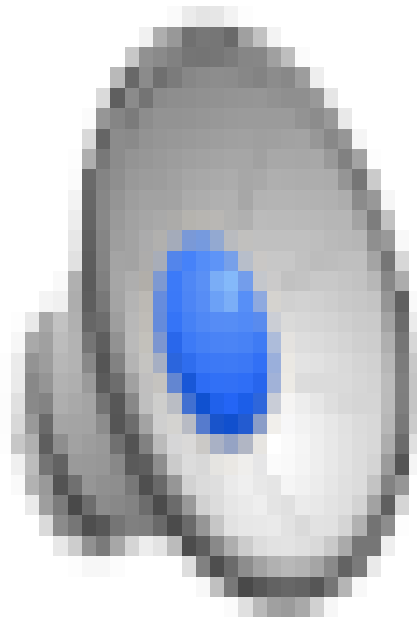
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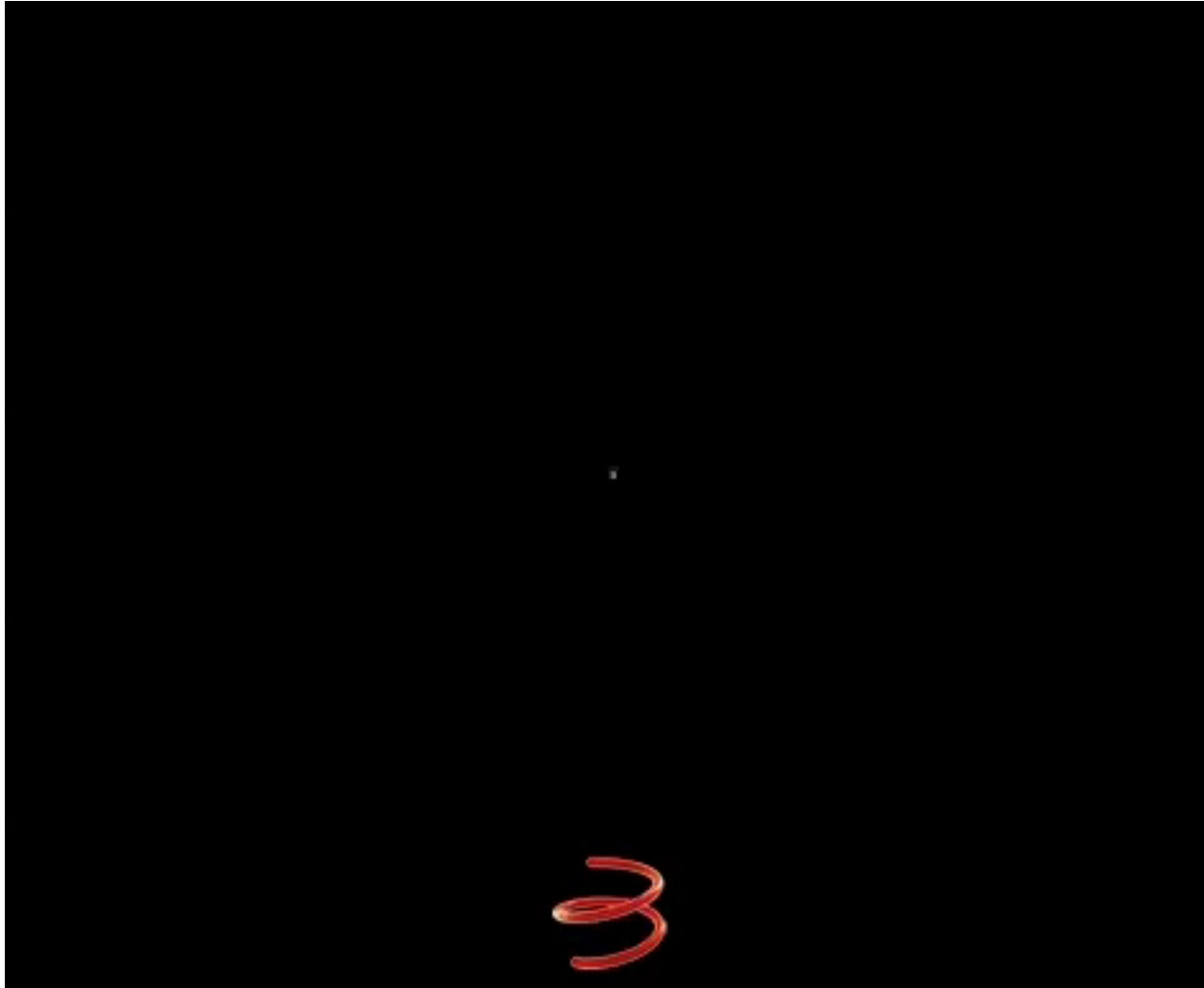
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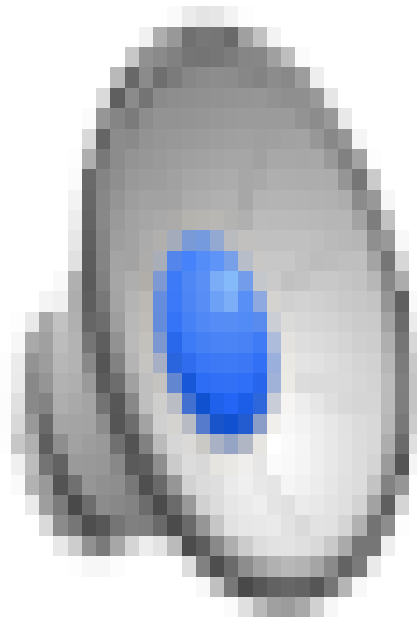
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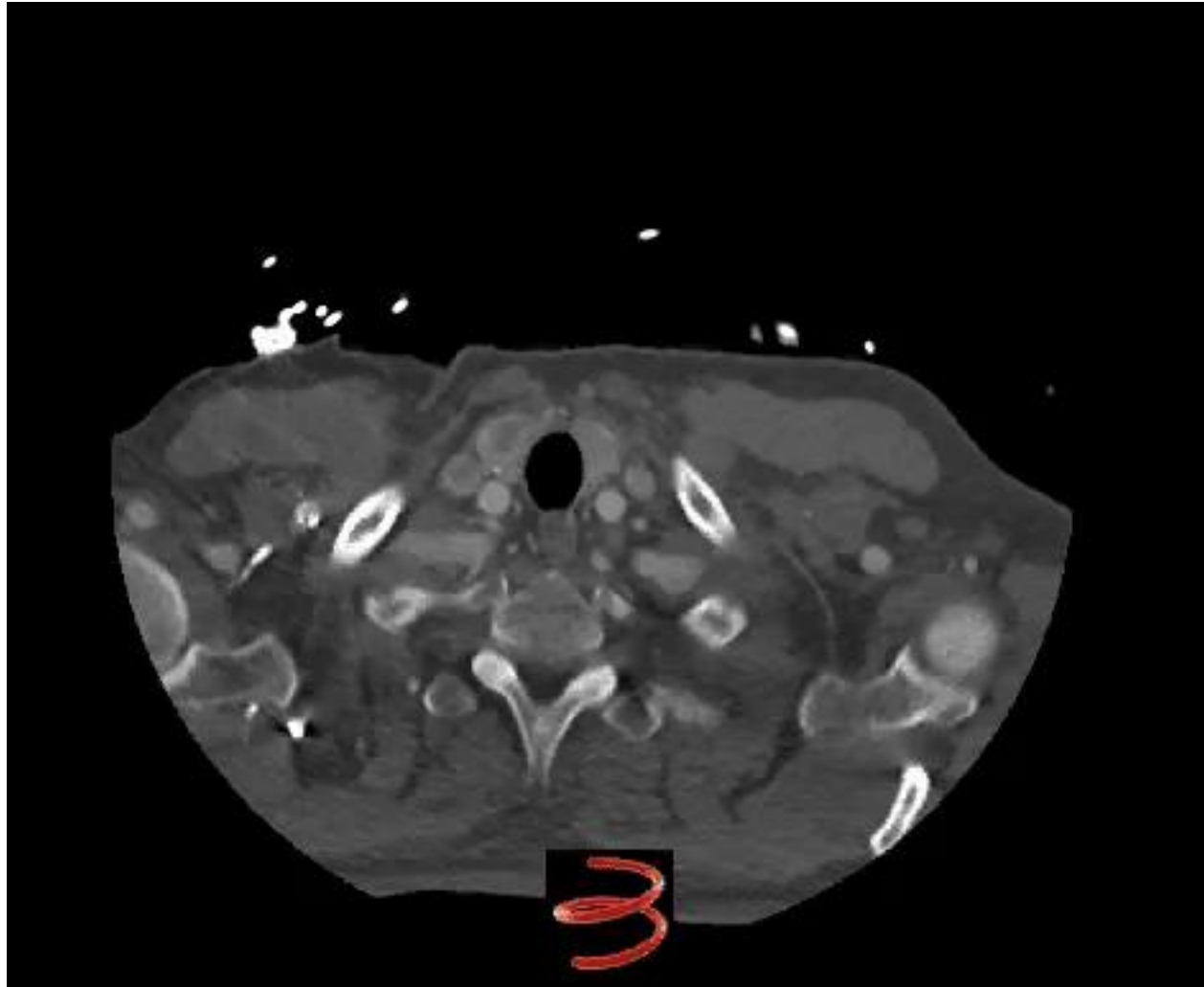
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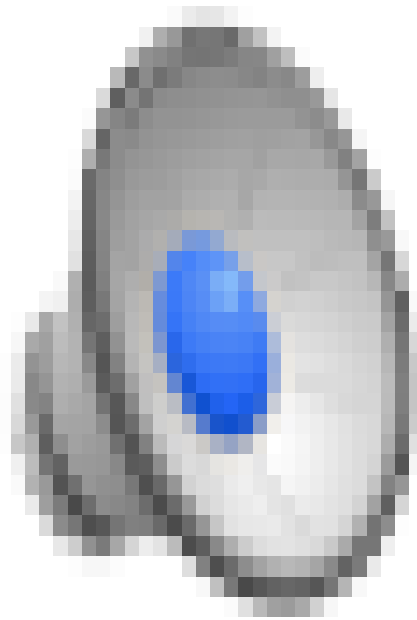
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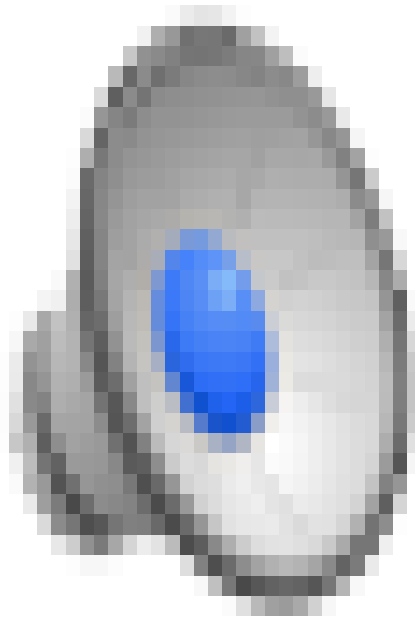
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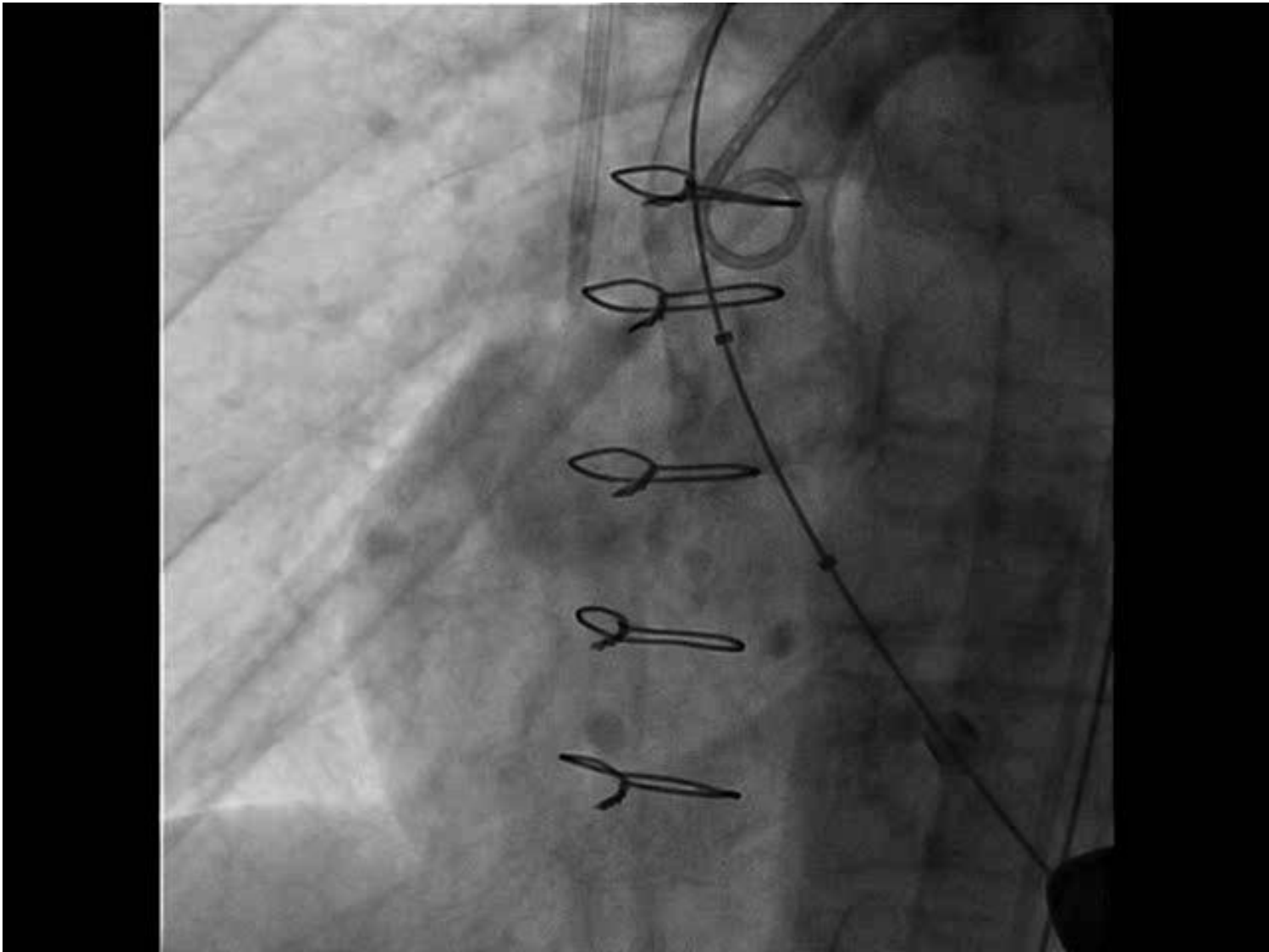
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Porzellanaorta



Conclusions

- 1) Stroke risk in cardiac surgery can be anticipated
- 2) Underlying pathology is indicative for obliterative load
- 3) Aortoscopy aids in understanding underlying pathology
- 4) Guides manipulation in shaggy aortas
- 5) Alternative arterial cannulation sites reduce risk
- 6) TAVI as an excellent option in porcelaine conditions
- 7) Understanding the disease process in combination with these tools helps in doing the right things