

A Practical Approach To Cardiac Anesthesia

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Gastroesophageal reflux disease (GERD) is mainly a clinical diagnosis based on typical symptoms of heartburn and acid regurgitation. Current guidelines indicate that patients with typical symptoms should first try a proton pump inhibitor (PPI).

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Emerging novel disease modifying therapies increase the urgency to diagnose CA at an early stage and identify patients who may benefit from these life-saving therapies. The goal of this review is to provide a practical approach to echocardiography, cardiac magnetic resonance, and radionuclide imaging in patients with known or suspected CA.

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"Cardiac output" on CPB is the pump flow rate, which can be set at any level desired. Systemic and venous blood pressures are partially dependent on the patient's autonomic tone but are easily manipulated by increasing or decreasing venous drainage and by administering vasopressors or vasodilators.

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Left heart catheterization allows assessment of coronary stenosis severity, as well as enabling intervention on amenable, discrete, proximal-to mid-vessel lesions. Right heart studies are useful for calculation of intracardiac and pulmonary pressures in valvular RACD and radiation-associated pulmonary disease (RAPD).

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