

BÖLÜM 10

ARİTMİLERDE İLERİ TEDAVİLER: ELEKTROFİZYOLOJİK ÇALIŞMA (EPS) VE KALICI KALP PİLİ

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GİRİŞ

Acil servislerde kalp pili, elektrofizyolojik çalışma ve kateter ablasyon gerektiren durumlar sıklıkla karşılaşılmaktadır. Son yıllarda girişimsel kardiyolojinin hızlı bir şekilde yaygınlaşması, yeni gelişen teknolojiler ve üç boyutlu kardiyak haritalandırma gibi aritmik odakların daha net saptanabilmesi ile elektrofizyolojik çalışma kavramı, gelecekte acil kardiyak müdahaleler arasında önemli bir yere sahip olacaktır. Mortalitesi ve morbiditesi yüksek olan aritmik kardiyak acillerin, ilk tıbbi temas sonrası saptanması, hızlı bir şekilde değerlendirilmesi ve akut müdahalesi kadar sonrasındaki yönetimi de önemli bir yere sahiptir. Acil servislerde değerlendirilen hastalara ilk tıbbi müdahale sonrası elektrofizyolojik çalışma ve kateter ablasyonunun gerekliliği, hastanın semptomlarının doğru bir şekilde değerlendirilmesi ve tanımlanması ile belirlenir. Elektrofizyolojik çalışmaların sıklıkla kullanılması, aritmik odakların tam olarak tanımlanabilmesi ve tedavide başarı oranının artması açısından büyük bir avantaj sağlar. Benzer şekilde, kateter ablasyonu da aritmik odakların hassas bir şekilde lokalize edilmesi ve tedavisinde yüksek bir başarı oranı sağlamaktadır. Sonuç olarak, acil servislerde kalp pili, elektrofizyolojik çalışma ve kateter ablasyon gibi girişimsel kardiyoloji prosedürleri, aritmik kardiyak acillerin yönetiminde önemli bir rol oynamaktadır. Bu prosedürlerin uygun bir şekilde değerlendirilmesi ve doğru bir şekilde uygulanması, hastaların mortalitesi ve morbiditesi açısından önemli bir fark yaratabilir.

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