TYPE V

Haemodynamic instability

- Call for help
  - Surgeon
  - Anaesthetist
  - Echo imager

Be prepared for Pericardiocentesis*
(*caution with coronary artery bypass graft perforation, check for haemothorax)

Inflate balloon distally Proximal to the site of perforation with low pressure (max. 8 ATM)

Sealed

Post-procedural care

Failed to seal

- Thrombin
- Microcoil
- Fat embolism
- Clotted autologous blood
- Microparticles

If distal bifurcation in side branch covered stent implantation in main branch (occlusion of side branch)

Consider reversing heparin

BUT

retrieve wire and balloon before reversing heparin

Sealed

Check angio after 5-10 minutes

Stable

(Be careful can happen several hours afterwards!)

Inflate balloon distally Proximal to the site of perforation with low pressure (max. 8 ATM)

Sealed

Post-procedural care

Call for help

- Surgeon
- Anaesthetist
- Echo imager

Inflate balloon distally Proximal to the site of perforation with low pressure (max. 8 ATM)

Sealed

Post-procedural care

Failed to seal

Check for collaterality perfusion

Consider 1 / 2 / 3

Consider surgery

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