



PRIKAZ SLUČAJA: UKLANJANJE IATROGENOG INTRAAORTALNOG STRANOG TIJELA- INTRAOPERATIVNA SIGURNOST BOLESNIKA

CRNKOVIĆ D.¹, Habeković R.¹, Grujić B. I.¹

¹ KBC Zagreb, Zagreb, Croatia
Klinika za kardijalnu kirurgiju

Objective:

Prikaz slučaja: Uklanjanje iatrogenog intraaortalnog stranog tijela- intraoperativna sigurnost bolesnika

Case Report: Iatrogenic intra-aortic foreign body retrieval - Intraoperative Patient Safety

CRNKOVIĆ, D, Habeković, R, Grujić, B., UHC Zagreb, Zagreb, Croatia

TORAKS 2020

10. kongres Hrvatskog torakalnog društva
10th Congress of the Croatian Thoracic Society

16.-19. rujan | September
Hotel Hilton Garden Inn, Zagreb



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crnkovic.dubravka@gmail.com

Perioperative complications are unexpected, potentially devastating events that have serious consequences for not only the surgical patient but also the team of health care providers that care for him or her. Postoperative complications delay the patient's return to normal life and function. Additionally, they potentially can cause the death of the patient and give the surgical team a feeling of failure even when there clearly was no way to avoid the complication.

The intervascular embolization of foreign material is an uncommon occurrence, but with the increasing range of endovascular therapies, the incidence of a lost intravascular foreign body (IFB) is becoming a more frequent clinical problem. IFB's can originate from a variety of sources but are usually iatrogenic. Most commonly IFB's are embolized central line fragments, guide wires, catheter fragments, embolization coils, cardiac valve fragments, pacing wires, occluder devices etc. Primary prevention is much better than a secondary successful retrieval of a lost IFB.

Case report: 65- yrs old male, intubated, mechanically ventilated, GCS 14, after resection and reconstruction of right carotid artery, moved by agreement from another University hospital for emergency surgery and retrieval of a vascular shunt located in ascending aorta up to truncus brahiocephalicus. Another MSCT was done prior surgery, the patient was prepared and the retrieval surgery was done with the use of extracorporeal bypass using hypothermia and Del Nido cardioplegia. Via aortotomy the foreign body was retrieved and after the surgery the patient was moved to ICU hemodynamically stable, without inotropic support, in SR. After 2 days in ICU and 1 day in Intermediate Care, the patient was moved by agreement back to original hospital in good condition.

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Guidelines are developed by the Association of Perioperative Registered Nurses; steps to prevent wrong-site, wrong-person, wrong-procedure errors, or retained foreign objects have been recommended, consistently practicing reliable and standardized counting practices, starting with structured communication between the patient, the surgeon(s), and other members of the health care team. Prevention of surgical errors requires the attention of all personnel involved in the patient's care. Patient safety is one of the greatest challenges in healthcare.

Key words: patient safety, retained foreign objects, medical errors