CORRESPONDENCE

Are Guidelines Needed for the Performance of Invasive Interventional Procedures for Minimally Invasive Cardiac Surgery?

To the Editor—One result of the recent increase in popularity of minimally invasive cardiac surgery is that anesthesiologists are increasingly being called on to directly assist in the surgical management of the patient by performing invasive interventional procedures such as placement of a coronary sinus (CS) catheter or pulmonary artery vent. In the August issue of Anesthesiology, Abramson and Giannotti report a case of unrecognized, iatrogenic perforation of the right ventricle while attempting to cannulate the CS during preparation for minimally invasive cardiac surgery. Although the technical difficulty and morbidity associated with CS catheter placement are low when performed by experienced personnel, patient care may be compromised when a single anesthetic provider is asked to perform interventional procedures while simultaneously being responsible for patient monitoring and the delivery of a safe anesthetic.

In our institution, the attending anesthesiologist identifies and maintains visualization of the CS with transeosophageal echocardiography (TEE) while the cardiac anesthesia fellow manipulates the CS catheter. Simultaneously, a dedicated anesthesiologist resident is responsible for patient monitoring and anesthetic delivery. Although this may work well in an academic institution, we realize that this level of staffing is not practically feasible or profitable in most circumstances. We contend, however, that patient care may be compromised when a single anesthetic provider is called on to simultaneously perform TEE, cannulate the CS, and deliver anesthesia. Thus, the presence of a second dedicated anesthesiologist during the performance of such invasive interventional procedures may be necessary to ensure quality patient care. We wonder if the American Society of Anesthesiologists and the Society of Cardiovascular Anesthesiologists should consider this issue and formulate practice guidelines regarding patient care during the performance of invasive interventional procedures such as cannulation of the CS for minimally invasive cardiac surgery.

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References

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Coronary Sinus Catheterization for Minimally Invasive Cardiac Surgery

To the Editor—For minimally invasive cardiac surgery, the Endocorona
cary sinus (CS) catheter (Heartport, Redwood City, CA) is placed via a
cannulation venous introducer and permits delivery of cardiopulmonary
solution into the coronary sinus after the tip of the catheter is posi
tioned in the coronary sinus. Abramson and Giannotti described right
ventricular perforation associated with attempted placement of this
catheter. We agree that rapid diagnosis and treatment is important in

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