

Cath Lab Procedures

Procedure	Anesthesia Type	Airway	Note
Standard ablation	GA	LMA (Dr G); OET (Dr P)	
Cryoablation	GA	OET & temp probe	No paralysis
TAVR	IV Sedation		May require anesthesia if femoral vascular disease
Watchman for left atrial appendage closure	GA	OET; Anesthesia places TEE	
Alcohol septal ablation for hypertrophic CMP	MAC		Alcohol injection very painful
Lead Extraction	GA		Possibility of massive hemorrhage

CRYOABLATION

- Endotracheal intubation is required
- Esophageal temp monitoring is needed
- Intubate with sux as neuromuscular stimulation is utilized during the procedure
- PSV-Pro is useful during the diaphragmatic stimulation

ABLATION POTENTIAL COMPLICATIONS

- Phrenic nerve injury. Phrenic nerve stimulation may be identified if patient not paralyzed, therefore intubate with sux
- There can be unanticipated fluid overload from irrigation of thermal catheters
- Thermal injury of esophagus can occur; esophageal temp monitoring useful

WATCHMAN

- Device is used to occlude the left atrial appendage to get patients with a-fib off anticoagulants
- Device is placed via femoral vein, then across atrial septum

ALCOHOL SEPTAL ABLATION

- Catheterization is performed via femoral and radial vessels
- The cardiologist also places a R IJ internal pacer
- The alcohol injection is very painful – consider ketamine

CRYOABLATION POTENTIAL COMPLICATIONS

- Tamponade from perf
- PNTX
- Hemothorax
- Air embolism

LEAD EXTRACTION

- At risk for major complication
- Must have CTS on stand-by
- Have blood available
- Have adequate IV access