**CVS Summary:** Presented byDr Tim Latham Cardiac Surgery RCH

**Post op complications:**

**Code Blues**- important to remember acuity of operation

* CSICU -ask nurses to call on call surgeon immediately
* Re-opening in acute cases much higher utility
* Cut wires and let sternal wound open- CSIUC nurses run regular drills on this and will be VERY helpful so use their knowledge
* Patients on ward are more remote from operation and re-opening less likely to be helpful

**Wound infections:**

1. Leg graft sites- often polymicrobial, manage as would cellulitis, occasionally need to be reopened- CVS happy to review in OPAT
2. Sternal- mortality 20%, suspect with pain/ instability, get CT chest (ideally with contrast) and call CVS

**A-fib:**

Very common post op (40% with OHS)

Rate control + anticoagulation (warfarin preferred over NOACS acutely in case need to reverse) and often self resolves

**Pleural effusions:**

Very common especially left chest (IMA harvest site)

If volume overload- diuresis

Some need drained- often admit hospitalist (if very acute CVS may take)

**Type A Dissection:**

2% per hour mortality

High index of suspicion- sudden pain, chest pain +something (neuro, syncope, abdo-pain)

**ECMO**

VA- heart/ lung replace

VV- resp failure

Indications:

-Profound hypothermia

-Massive PE

-Refractory cardiogenic shock or arrest

-Unable to ventilate

In ED:

* If possible, call for C-arm from radiology as fits under bed
* Encourage us to cannulate femoral artery and vein with 5/6/7 fr introducer sheaths (either side; more-timely for one person to do each on opposite sites)