



3 urgent procedures in 1 session in the same patient

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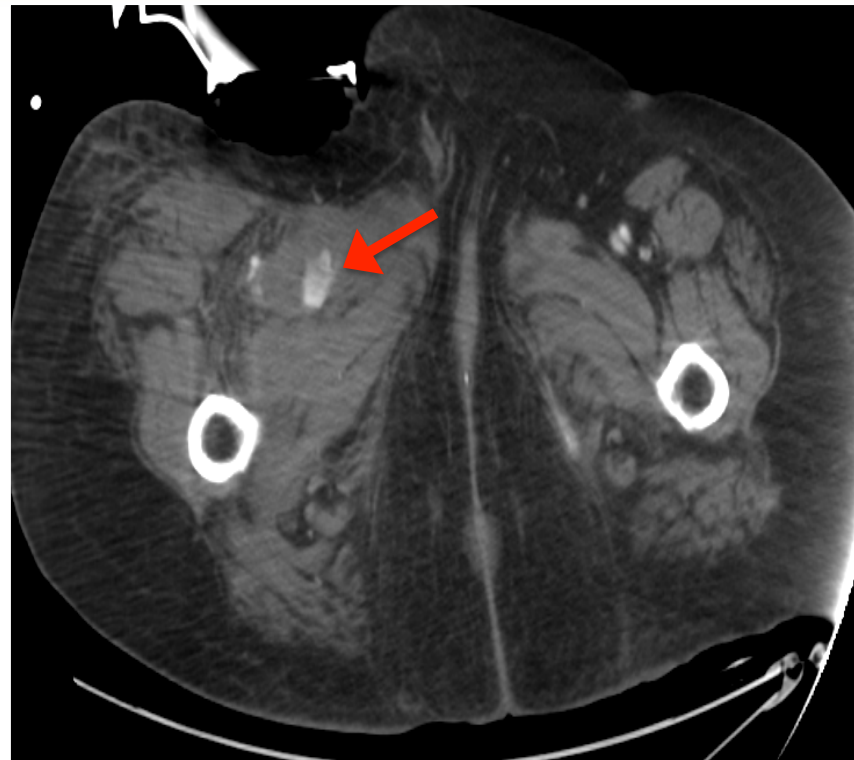
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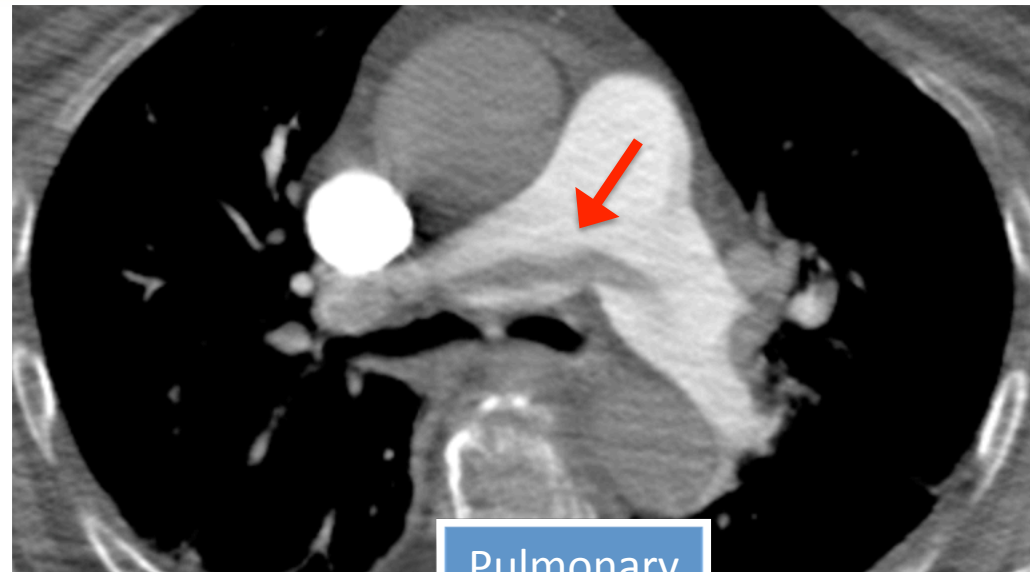
San Paolo Hospital Milan

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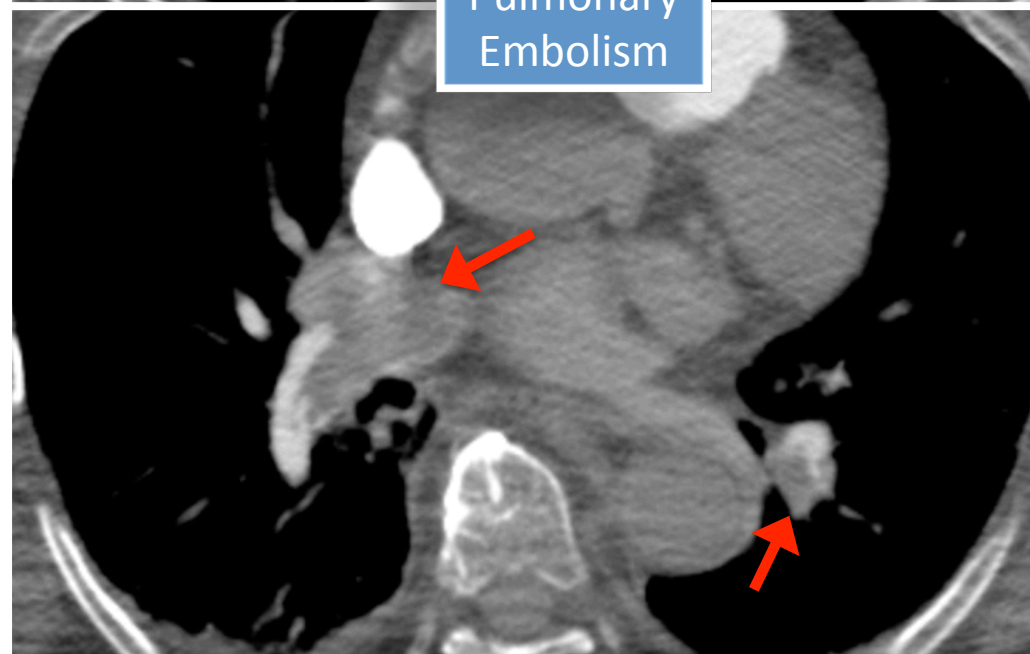


Spontaneous
bleeding

- F, 72 yo
- **History:** Obesity, hypertension, cerebral haemorrhage 2003
- **Main Symptom on admission:** syncope



Pulmonary
Embolism



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Multidisciplinary team at work



Based on the fact that this patient is a **high risk patient for cardiovascular adverse events** due to massive pulmonary embolism and **also high risk for impaired wound healing in the groin due to obesity**, which discipline would you call first?

Anesthesiologist

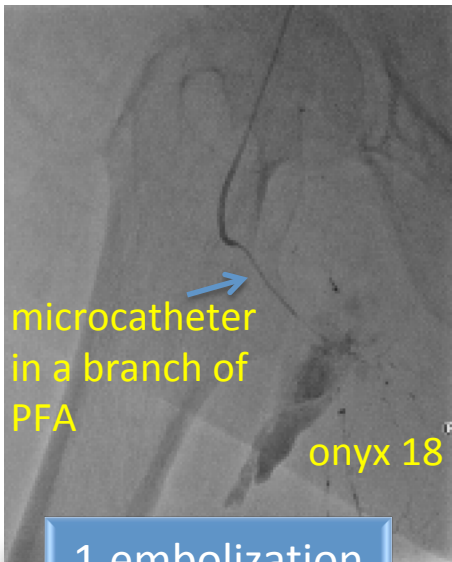
Cardiologist

Surgeon

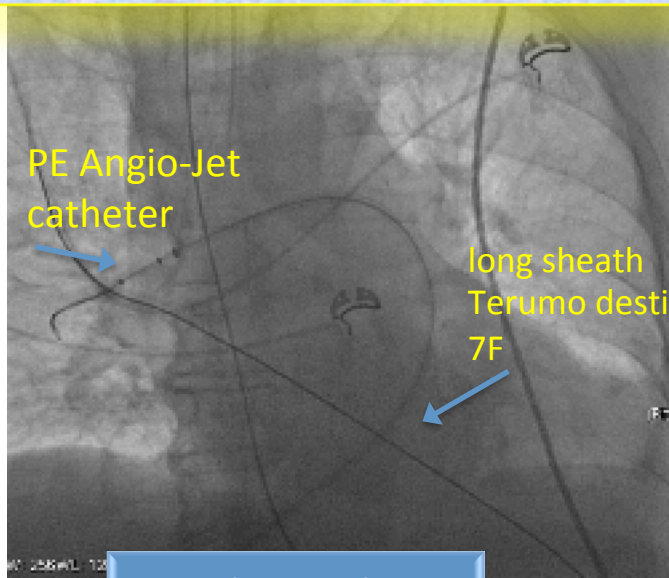
Interventional
Radiologist

Radiologist

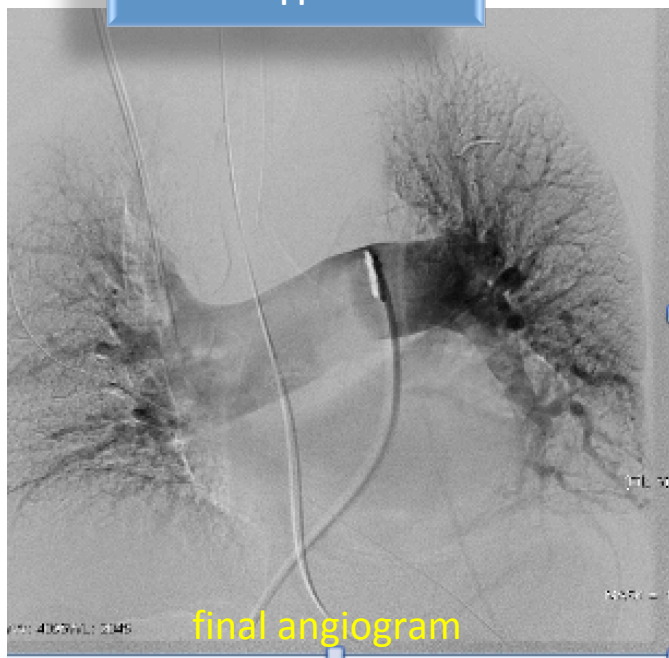
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1. embolization for bleeding



2. catheter direct thrombolysis for TP



Patient parameters:
RV dilatation
PA 60/40 mmHg
bp 30/sec
moderate sedation



1. IVC filter for DVT

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12 h after: femoral sheath was removed

24 h after: pt moved from Unit Care to Cardiology Dpt

The case highlights the important role that **percutaneous endovascular approaches** may have in the context of a multidisciplinary approach. This patient was multimorbid and an open surgical repair of the CFA bleeding would be of high risk due to massive PE. Moreover, the obesity is a well-known risk factor for adverse event in the groin especially in treating acute bleeding of the CFA.

After a multidisciplinary discussion in the emergency room, the team decided that the interventional radiologists should be involved first.

The building is a **dedicated vascular team of skilled interventionalists**, available 24/7 is the key issue to reach successful outcomes in urgent settings.