



Monitored Anesthesia Care vs. General Anesthesia for Trans Catheter Aortic Valve Implantation (TAVI): Our Initial Experience

Satish Kumar Mishra

Shri jayadeva institute of cardiovascular sciences and research, India.

Abstract:

The game changer in the field of treatment for Aortic Stenosis in patients with high operative risk for surgical aortic valve replacement is Trans catheter Aortic Valve Implantation (TAVI). Most TAVI have been done under General Anesthesia (GA) with Trans Esophageal Echocardiography (TEE). GA in this patient group is hazardous and is associated with significant complications. The aim of the present study was to study and compare the outcome of patients among those who underwent TAVI with general anesthesia against those who underwent TAVI with Monitored Anesthesia Care (MAC).

Biography:

Satish Kumar Mishra ,Md ,Dm Cardiac Anesthesia did his md anesthesiology from command hospital airforce bangalore india and then persued his DM cardiac anesthesia from asia largest cardiac center shri jayadeva institute of cardiovascular sciences and research and secured gold medal.a vivid academican who has more than 22 international and national publications in the field of cardiovascular anesthesia and surgery. At present is working as associate professor at command hospital airforce bangalore and is being associate prof in indias esteemed armed forces medical college(AFMC) PUNE.

Recent Publications:

1. Monitored Anesthesia Care vs. General Anesthesia for Trans Catheter Aortic Valve Implantation



(TAVI): Our Initial Experience, Journal of Anesthesia & Clinical, Research, Mishra et al., J Anesth Clin Res 2019, 10:6

2. Health-Related Quality of Life Index in Diabetic Patients: A Comparative Study between Beta Blockers vs. Calcium, American Journal of Pharmacology, 2020 | Volume 3 | Issue 1 | Article 1026 Published: 20 Jun, 2020
3. Vahanian A, Alfieri O, Andreotti F, Antunes MJ, Barón-Esquivias G, et al. (2012) Guidelines on the management of valvular heart disease(version 2012): the joint task force on the management of valvular heart dis-ease of the European Society of Cardiology (ESC) and the European Associationfor Cardio-Thoracic Surgery (EACTS). Eur Heart J 33: 2451-2496.

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