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FEDERAZIONE
CENTRI PER LA DIAGNOSI
DELLA TROMBOSI E LA
SORVEGLIANZA DELLE TERAPIE
ANTITROMBOTICHE (FCSA)

XXIX CONGRESSO NAZIONALE FCSA BOLOGNA, 22-23 OTTOBRE 2018

**GESTIONE E FOLLOW UP DI PAZIENTI IN TAO (AVK) IN UN
CONTESTO DI ALTA COMPLESSITÀ.
PRIMI RISULTATI DELLA COLLABORAZIONE FCSA – SALAM CENTRE
DI EMERGENCY**

DOTT. FRANCO MASINI



EFFICIENCY COMBINED WITH BEAUTY



SALAM CENTRE ENTRANCE



The burden of cardiovascular disease is increasing rapidly in Africa, and it is now a public health problem throughout the African Region

The 2005 WHO Regional Committee for Africa report stated that out of 18 millions people affected by RHD, about 1 million is estimated to have valvular dysfunctions in need of urgent surgical treatment.



Rheumatic heart disease

- In 2010 an estimated 34.2 million people worldwide had RHD, resulting in 345110 deaths.
- Prevalence of RHD is 0.7 per 1000 in developed countries, 1.8 per 1000 in North Africa and 5.7 per 1000 in Sub-Saharan countries.
- In areas of poor or no medical attention, the natural course of the disease prevails. Mortality rates can be as high as 20% at 6-years follow up.

The first free of charge Centre of excellence for cardiac surgery in Africa



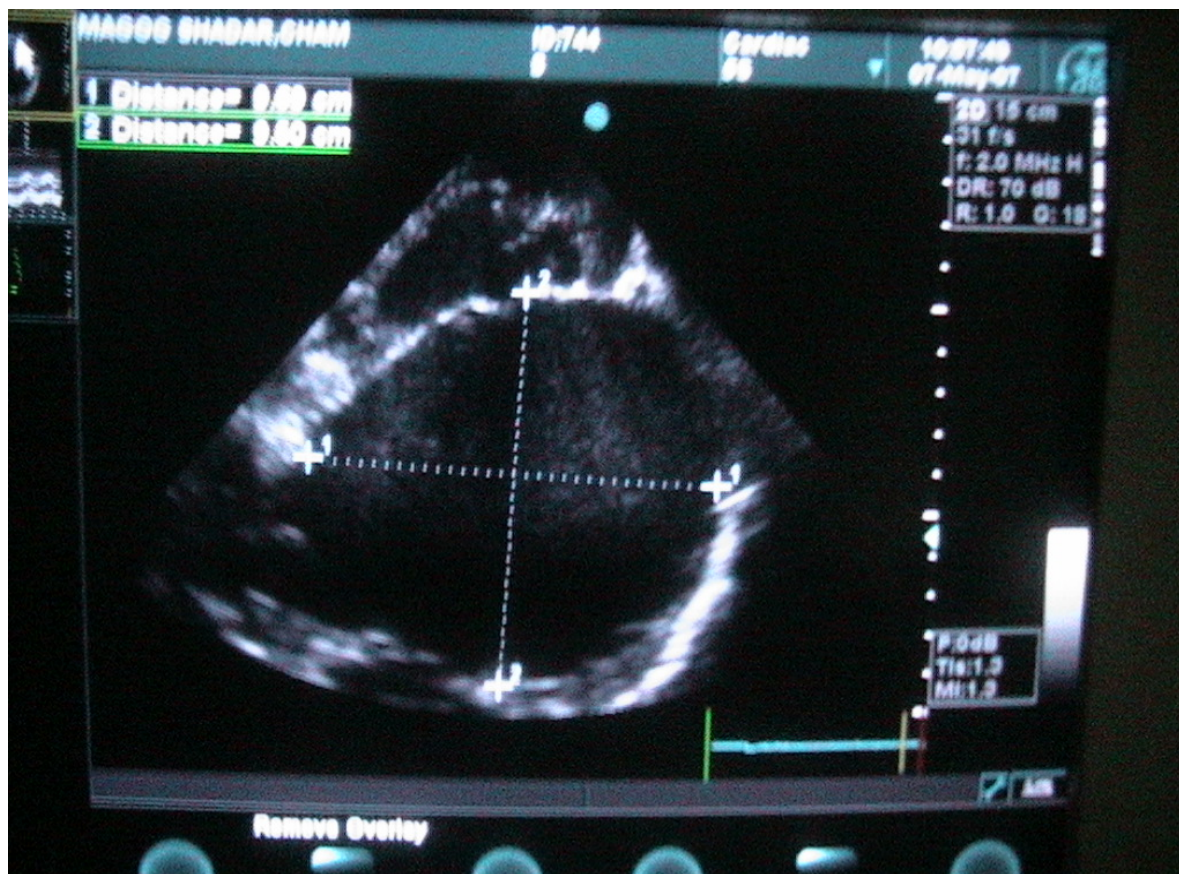
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Valve Surgery for Rheumatic Heart Disease

5,706 patients

MITRAL VALVE	2538
MITRAL VALVE + AORTIC VALVE	1105
MITRAL + TRICUSPID VALVE	1013
AORTIC VALVE	649
MITRAL + AORTIC + TRICUSPID VALVE	393
TRICUSPID VALVE	5
AORTIC + TRICUSPID VALVE	3

Valve Surgery for RHD Hospital Mortality

5,706 patients

Surgery	N° pts dead/ N° pts operated	%
MV	36 / 2538	1.4%
AV	14 / 649	2.2%
TV	1 / 5	20%
AV + MV	31 / 1105	2.8%
AV + MV + TV	18 / 393	4.5%
MV + TV	51 / 1013	5%
AV + TV	0/3	0%
Total	151 / 5706	2.6%

*From April 2007 until February
2018*

ATTIVITÀ E STAFF

LA CLINICA DI INR HA CIRCA 300 ACCESSI AL GIORNO:

- 200 CONTROLLI CLINICI
- 100 PRESCRIZIONI TELEFONICHE
- 15 PRESCRIZIONI MAIL

STAFF

- 2 receptionists
- 3 INFERMIERI
- 2 MEDICI
- 3 - 4 FARMACISTI
- 2 TECNICI DI LABORATORIO
- 3 PERSONALE PER LE PULIZIE



ORGANIZZAZIONE DEL LAVORO

Flusso di lavoro dalla domenica al giovedì

- 8:00 I pazienti iniziano ad entrare con un numero progressivo loro assegnato
- 8:30 due infermiere iniziano a fare i prelievi che vengono inviati al Lab a gruppi di 20
- 10:00 arrivano i primi risultati e vengono inseriti nel programma PARMA e valutati dai medici
- A seguire i farmacisti preparano le dosi prescritte e le consegnano ai pazienti
- 10.30 -11.00 I primi pazienti lasciano l'Ospedale



PROTOCOLLO TAO

Pathology or Type of Surgery	Therapy	INR range	Duration
Mechanical AVR (bileaflet or current-generation single tilting disk) and no risk factors for thromboembolism	Warfarin +	2,0 - 3,0 (target 2.5)	Life long
	Aspirin 100 mg OD		Life long
AVR and additional risk factors for thromboembolic events (AF, previous TE or hypercoagulable conditions) or an older-generation mechanical AVR (such as ball-in-cage)	Warfarin +	2,5 - 3,5 (target 3)	Life long
	Aspirin 100 mg OD		Life long
Mechanical MVR	Warfarin +	2,5 - 3,5 (target 3)	Life long
	Aspirin 100 mg OD		Life long
MVR repair with ring	Warfarin	2,0 - 3,0 (target 2.5)	3 months
	Aspirin 100 mg OD		Life long after stopping AOC
MVR repair without ring (pledgets, pericardial strip, etc)	Aspirin 100 mg OD		Life long
Bioprosthetic aortic or mitral valve	Warfarin	2,0 - 3,0 (target 2.5)	6 months
	Aspirin 100 mg OD		Life long after stopping AOC



PROTOCOLLO TAO

Nishimura, et al.
2017 AHA/ACC Focused Update on VHD

2017 AHA/ACC Focused Update of the 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease

**A Report of the American College of Cardiology/American Heart
Association Task Force on Clinical Practice Guidelines**

*Developed in Collaboration With the American Association for Thoracic Surgery, American Society of Echocardiography,
Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Anesthesiologists, and Society of
Thoracic Surgeons*

WRITING GROUP MEMBERS*

Rick A. Nishimura, MD, MACC, FAHA, *Co-Chair*
Catherine M. Otto, MD, FACC, FAHA, *Co-Chair*



BRIDGING THERAPY

Pathology or Type of Surgery	Therapy	What to do	How to do
Mechanical MVR undergoing minor procedure (such as dental extraction or cataract removal) where bleeding is easily controlled	Warfarin	No need Bridging Therapy	Do not stop (As per physician preference consider bridging therapy).
	Aspirin	Stop	5 days before surgery
Bileaflet mechanical aortic valve and no other risk factors for thromboembolism	Warfarin	No need Bridging Therapy	Stop 2 to 4 days before the procedure (so the INR falls to <1.5 for major surgical procedures) and restarted as soon as bleeding risk allows, typically 12 to 24 hours after surgery.
	Aspirin	Stop	5 days before surgery
Mechanical AVR plus any tromboembolic risk factor Mechanical MVR undergoing major surgery	Warfarin	Bridging Therapy See below**	Resuming warfarin approximately 12 to 24 h after surgery (evening of or next morning)
	Aspirin	Do not Stop	

Nodraparin 90 UI/Kg bid, Enoxaparin 1 mg/kg bid or 1.5 mg/kg daily, Dalteparin 100 International Units/kg bid or 200 International Units/kg daily, tinzaparin 175 International Units/kg daily, IV UFH to attain an activated partial thromboplastin time [aPTT] 1.5 to 2 times the control aPTT).



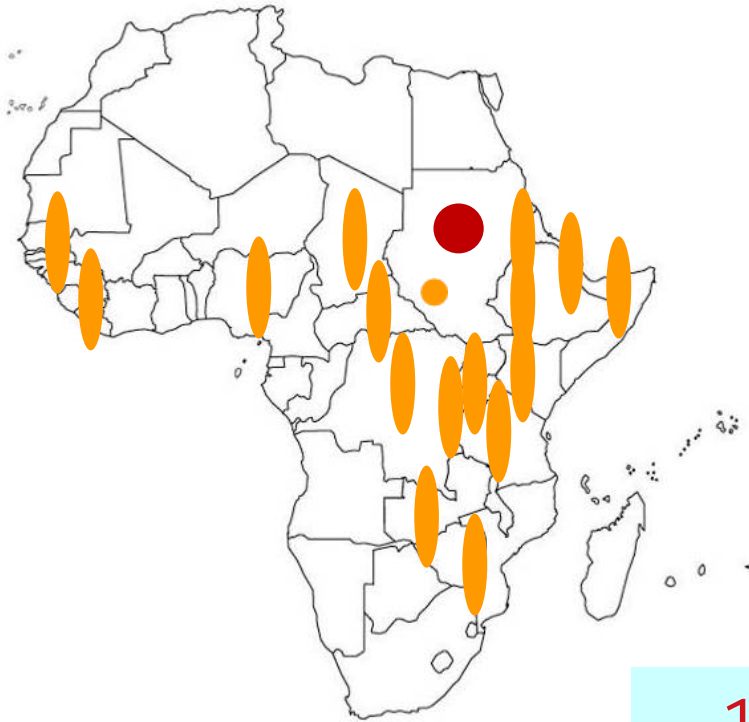
MAPPA DEL SUDAN



UN ESEMPIO DELLE DISTANZE IN SUDAN



Patients are coming from 28 different countries



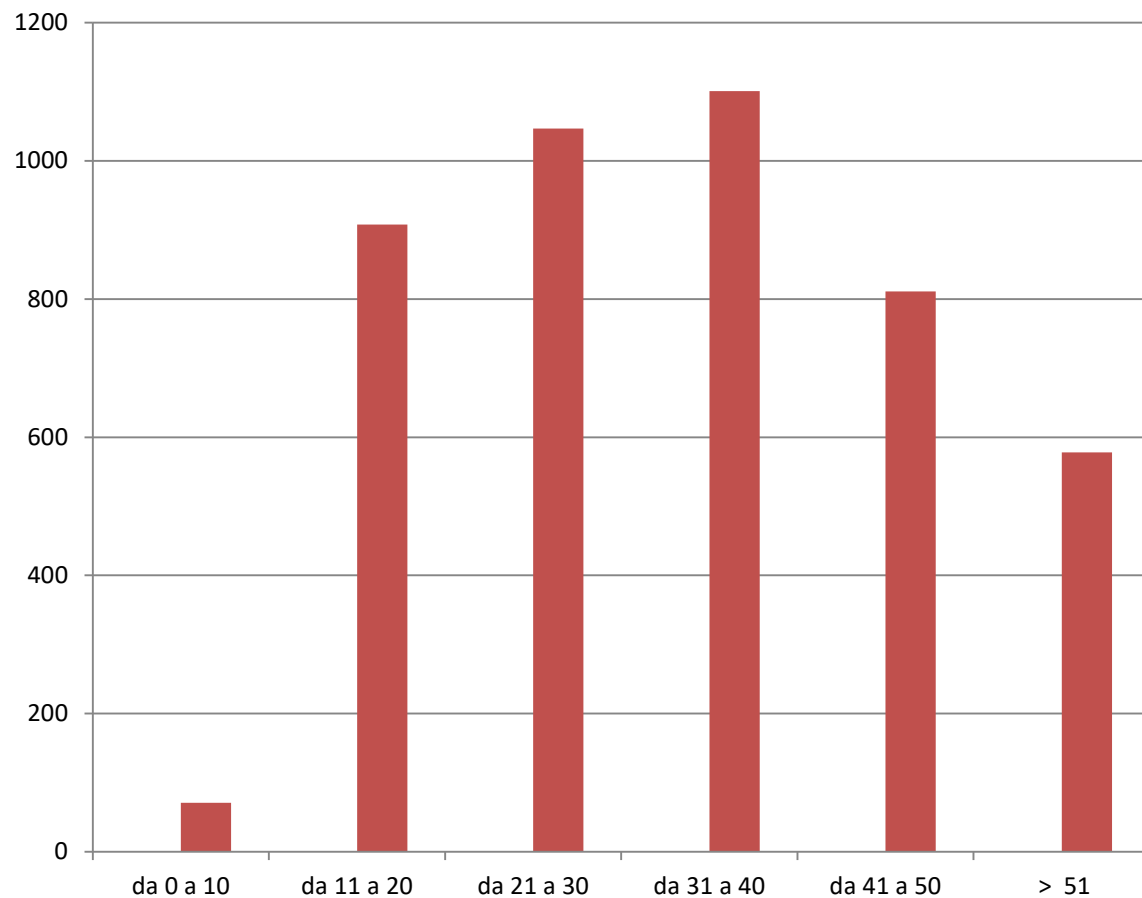
1,291 Foreign patients operated

VALUTAZIONI SULLA QUALITA' DELLA TERAPIA CAMPIONE 2017 - 2018

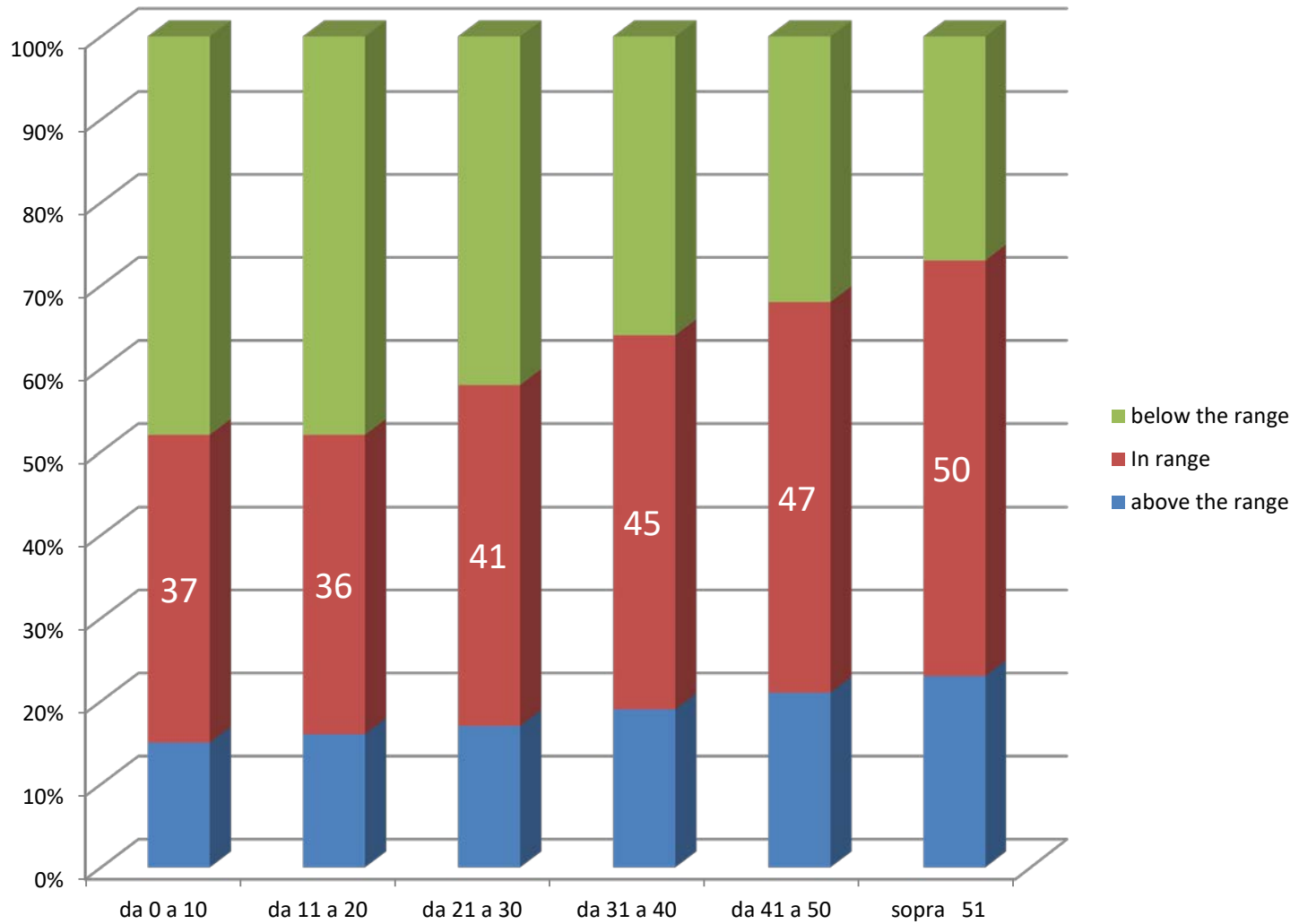
La collaborazione della Dottoressa Nicoletta Erba e
L'installazione del nuovo software PARMA GTS
hanno consentito un approfondimento dei risultati e dei problemi esistenti nella gestione dei
pazienti in TAO
al SALAM CENTRE

3 AUGUST 2018

NUMERO DEI PAZIENTI NELL'ULTIMO ANNO

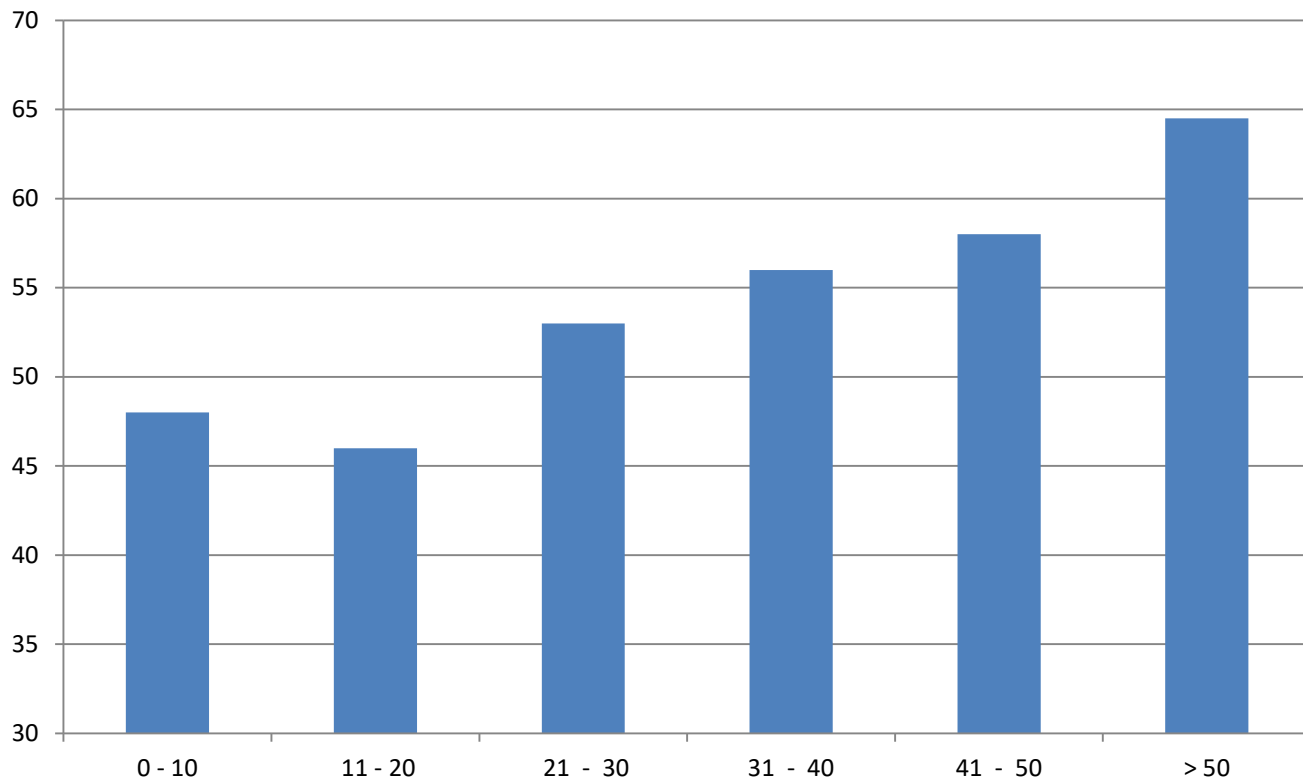


RANGE TERAPEUTICO PER FASCIA DI ETÀ'

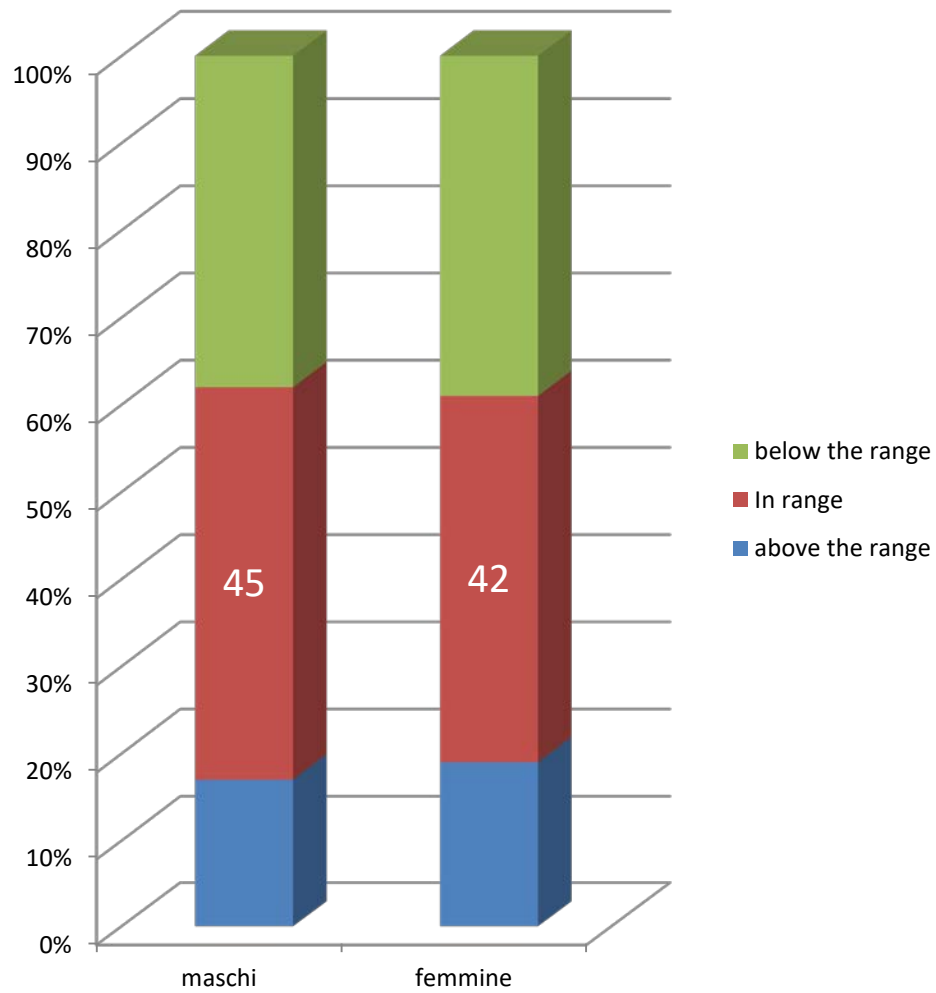


TTR ED ETA'

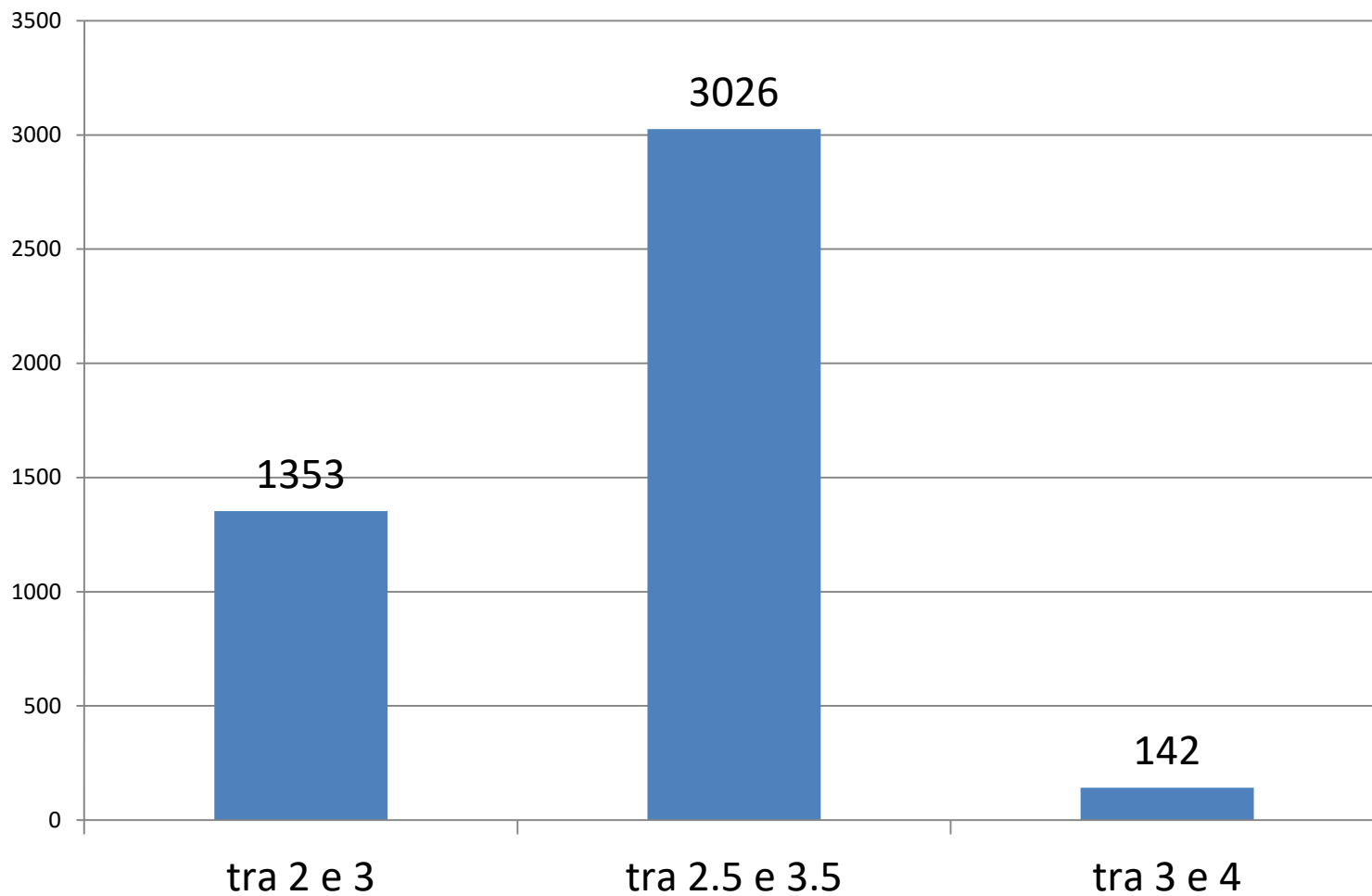
Median TTR



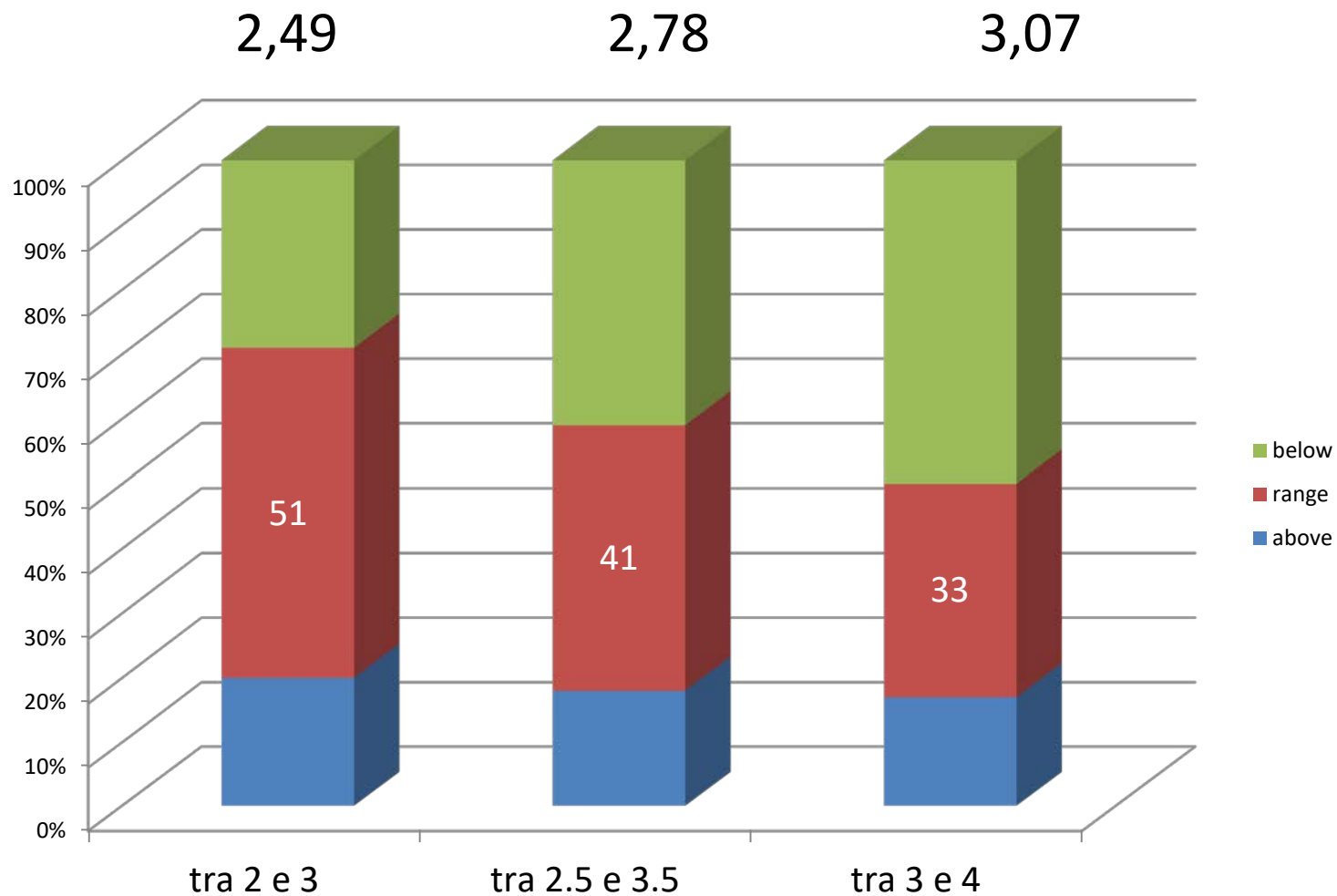
RANGE TERAPEUTICO PER SESSO



PAZIENTI E RANGE TERAPEUTICO

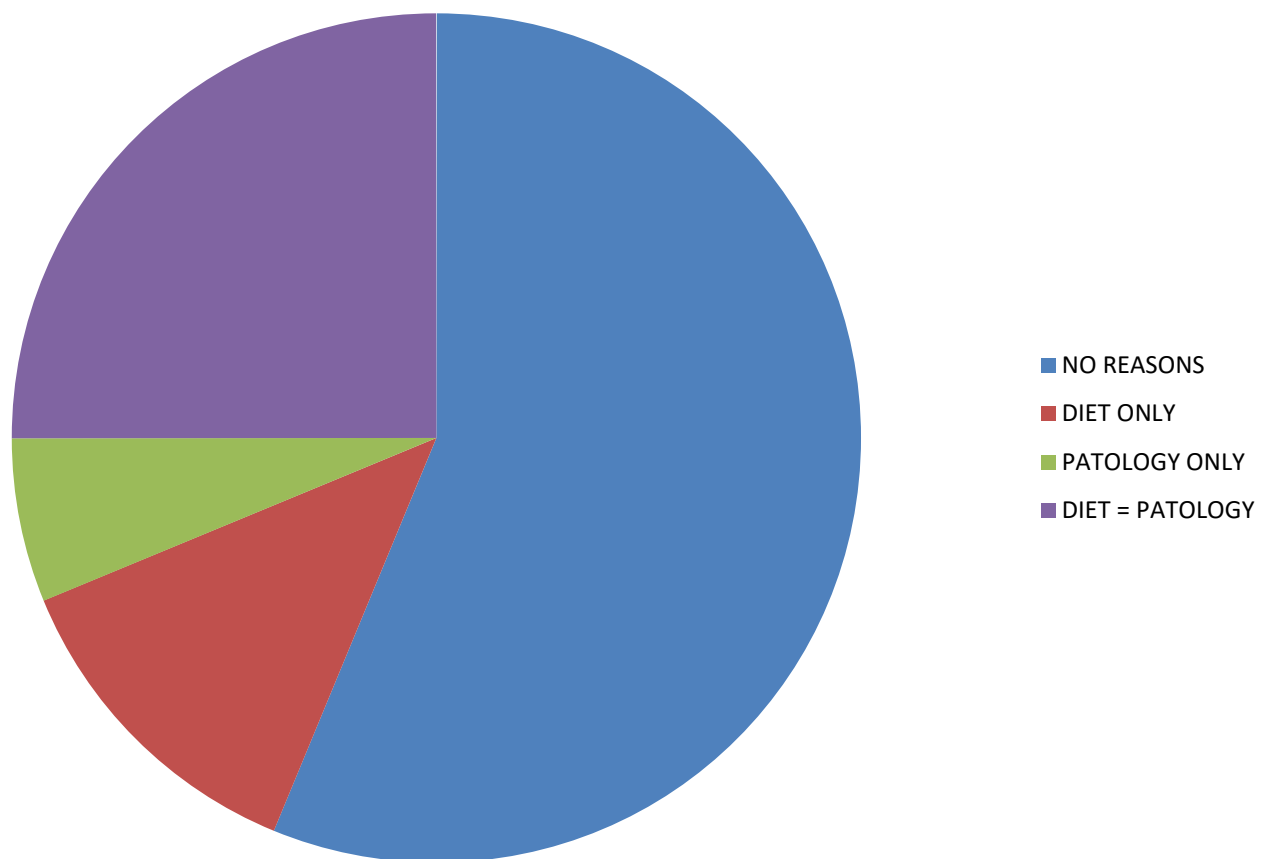


QUALITA' DELLA TERAPIA E RANGE TERAPEUTICO



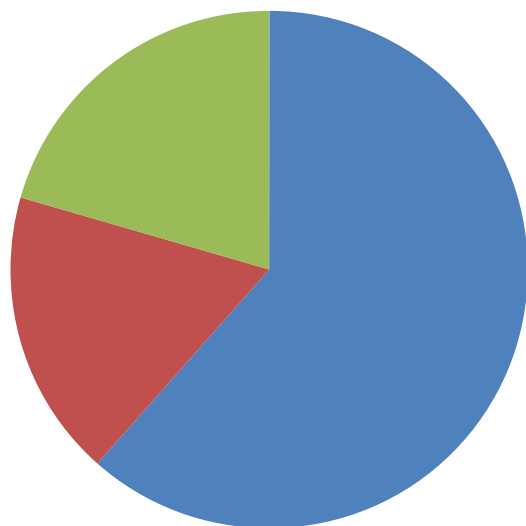
ANALISI DEI PAZIENTI FUORI RANGE TERAPEUTICO - 1

INR > 5

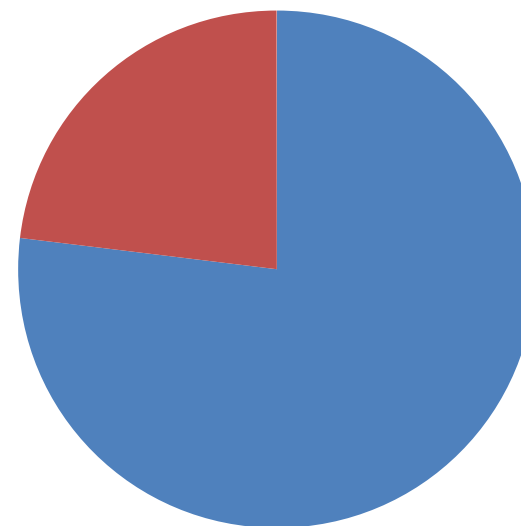


ANALISI DEI PAZIENTI FUORI RANGE TERAPEUTICO - 2

INR < 1.5



■ OMISSION
■ DIET
■ UNKNOWN

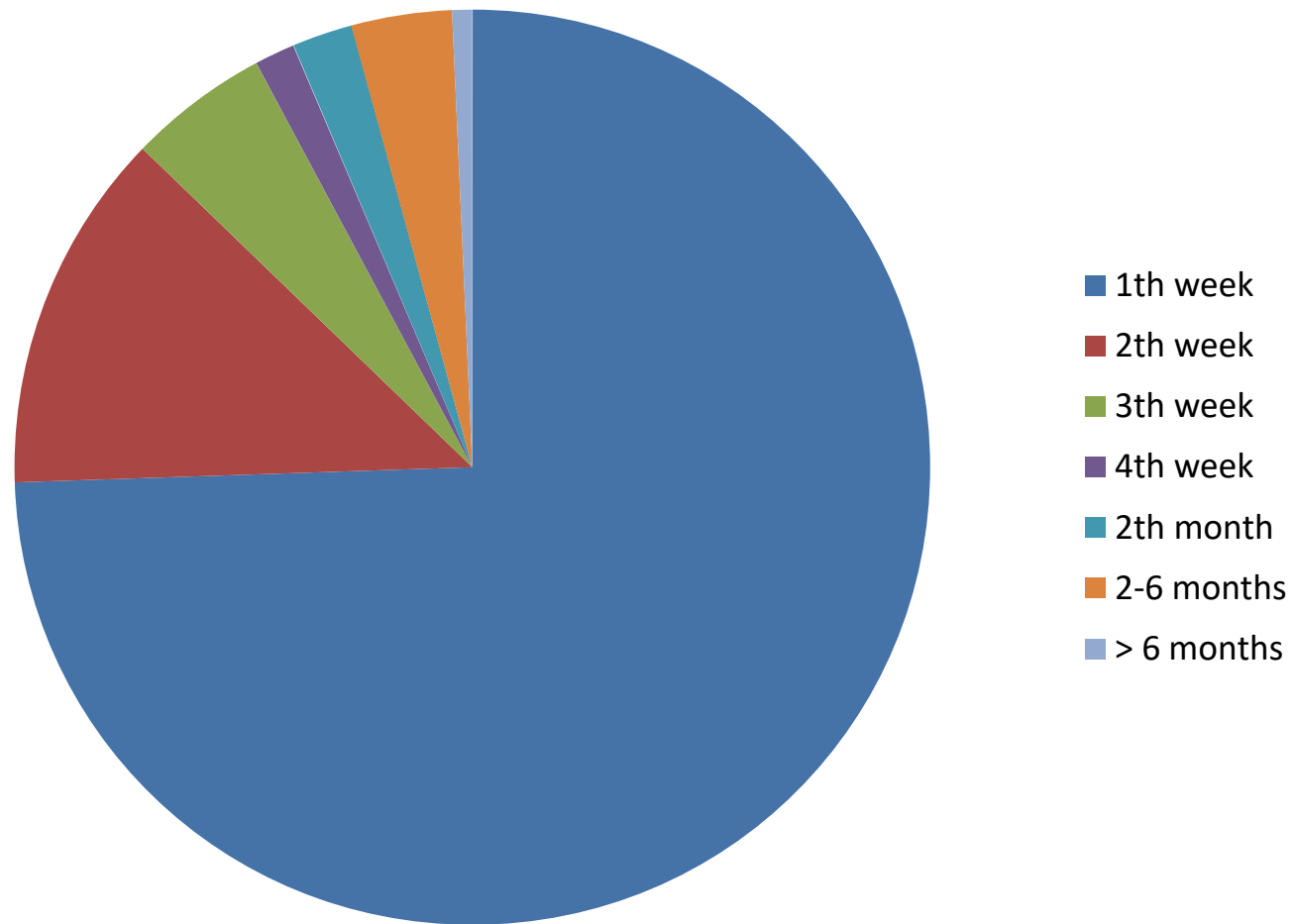


■ DELAY
■ NOT DELAY

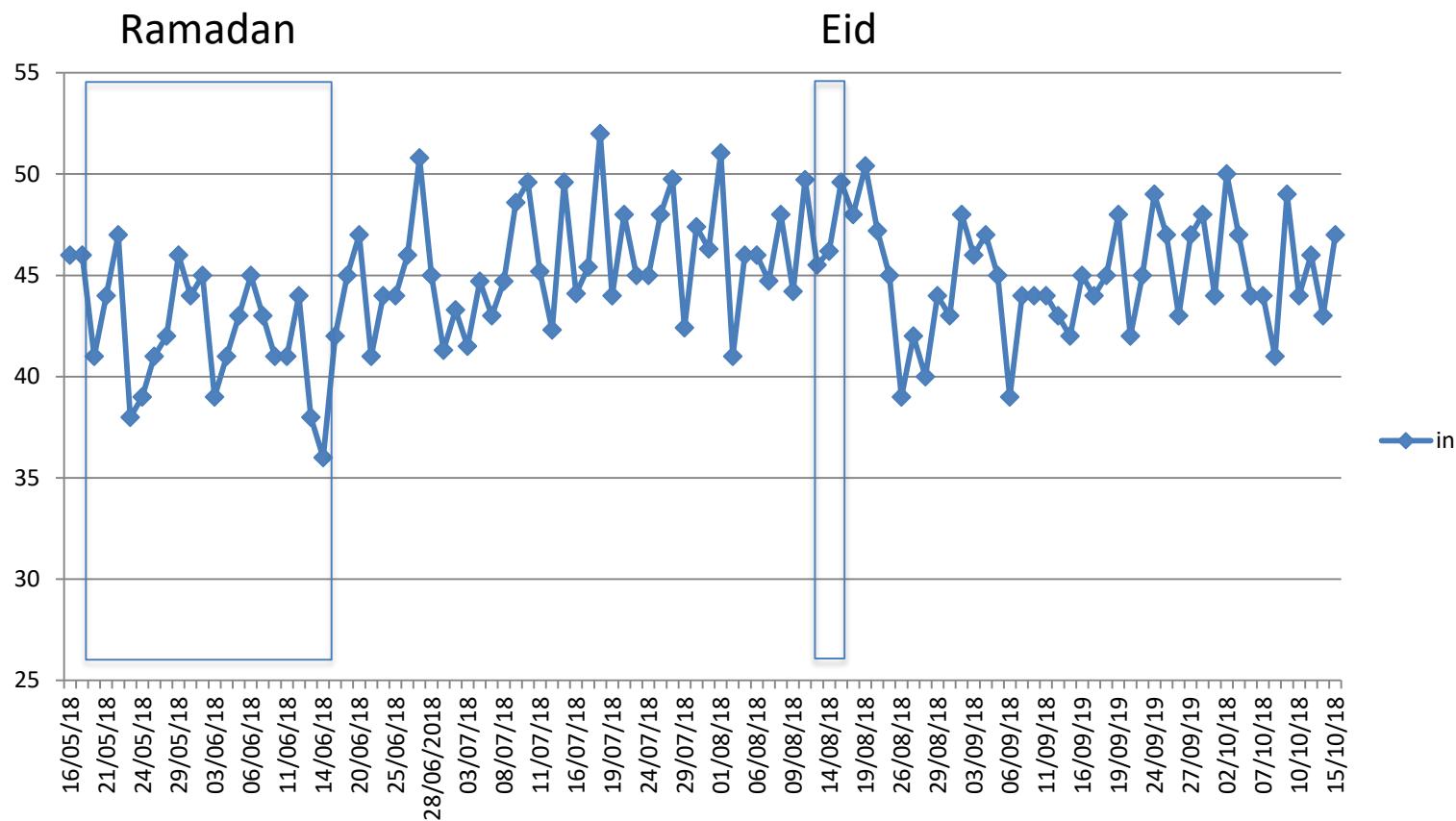


ENTITA' DEL RITARDO: ANALISI DI UNA GIORNATA DI LAVORO

141 PAZIENTI



QUALITA' DELLA TERAPIA IN RELAZIONE AL CALENDARIO ISLAMICO



PROBLEMATICHE RELATIVE ALLA POPOLAZIONE (DIETA, LIVELLO DI COMPrensIONE DEL PROBLEMA SCOAGULAZIONE)

Problemi

Difficoltà nei trasporti soprattutto dalle zone rurali al Salam Center per i follow up

Difficoltà nella comprensione delle terapie, dei dosaggi, degli orari, ecc.

Difficoltà a comprendere e accettare le restrizioni dietetiche

Difficoltà a seguire la terapia in caso di viaggi, malattia, gravidanza e durante il Ramadan



POSSIBILI SOLUZIONI IN COLLABORAZIONE CON FCSA

LASCIAMO LA PAROLA ALLA DOTTORESSA NICOLETTA ERBA



THANK YOU

شكرا

