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## Cardiac catheterization Interventional Cardiology

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### Abstract

Cardiac catheterization or heart cath is the approach where the insertion of the catheter into a chamber or vessel of the heart. It can be utilized as part of a therapeutic regimen to make better consequences for survivors of out-of-hospital cardiac arrest. Cardiac catheterization habitually obliges the use of fluoroscopy to visualize the path of the catheter as it penetrates the heart or as it enters the coronary arteries. Catheterization technique may be a few types which could comprise: Left heart catheterization, Right heart catheterization, Coronary catheterization.

Cardiac catheterization often necessitates the use of fluoroscopy to visualize the path of the catheter as it enters the heart or as it enters the coronary arteries. The coronary arteries are recognized as "epicardial vessels" as they are in the epicardium, the farthest layer of the heart. The use of fluoroscopy requires radiopaque contrast, which in rare cases can lead to contrast-induced kidney injury (see Contrast-induced nephropathy). People are constantly uncovered to down doses of ionizing radiation through procedures. Ideal table positioning amongst the x-ray source and receiver, and radiation monitoring via thermoluminescent dosimetry, are two keyways of easing a person's exposure to radiation. People with certain comorbidities (people who have more than one condition at the same time) have a higher peril of adverse events during the cardiac catheterization procedure. These comorbidity conditions comprise aortic aneurysm, aortic stenosis, extensive three-vessel coronary artery disease, diabetes, uncontrolled hypertension, obesity, chronic kidney disease, and unstable angina.

**Keywords:** Aortic aneurysm; Aortic stenosis; Uncontrolled hypertension; Obesity; Unstable angina

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### Left heart catheterization

It is the technique also used to access the amount of occlusion (or blockage) in a coronary artery, often described as a percentage of occlusion. A thin, flexible wire is inserted into either the femoral artery or the radial artery and threaded toward the heart until it is in the ascending aorta.

### Right heart catheterization

It allocates the physician to ascertain the pressures within the heart (intracardiac pressures). The heart is most often accessed via the internal jugular or femoral vein; arteries are not used.

It is also used to estimate the cardiac output, the amount of blood that flows from the heart each minute.

### Coronary catheterization

Coronary catheterization is an invasive process and comes with risks that include stroke, heart attack, and death. Cardiac stents are evaluated by Catheterization.

### Pacemakers and defibrillators

Placement of internal pacemakers and defibrillators are done through catheterization as well.

### Valve assessment

Echocardiography is a non-invasive method to evaluate the heart valves.

### Pulmonary angiography

Evaluation of the blood flow to the lungs can be accomplished invasively through catheterization. Contrast is injected into the pulmonary trunk, left or right pulmonary artery, or segment of the pulmonary artery.

### Shunt evaluation

Cardiac shunts can be evaluated all the way beyond

catheterization. Make Use Of oxygen as a marker, the oxygen saturation of blood can be sampled at a variety of locations in and around the heart.

### Ventriculography

By injecting divergence into the left ventricle, the framework of the ventricle can be reckoned in both systole and diastole to assess the ejection fraction

### Complications

Death, stroke, heart attack, ventricular ectopy, pericardial effusion, infection, Radiation burn.