

# **How do I do it: Transapical cannulation for acute type-A aortic dissection.**

## **Questionnaire**

**NAME:**

**Signature:**

**KT Number:**

**PERFMED Number:**

*Some questions may have more than one correct answer.*

1. According to this study, the transapical or transventricular technique was described by Zwart as a part of a left ventricular support system 35 years ago.
  - (a) True.
  - (b) False.
  
2. The alternative sites for arterial cannulation which also allow antigrade perfusion of the aorta include the \_\_\_\_\_, \_\_\_\_\_ and the \_\_\_\_\_.
  - (a) Aortic arch
  - (b) Axillary artery
  - (c) Innominate artery
  - (d) All of the above
  
3. Retrograde perfusion of the aorta has a potential risk of:
  - (a) Cerebral embolisation of atheromatous debris.
  - (b) Extension of the dissection flap.
  - (c) Intraoperative malperfusion of the aortic branch vessels.
  
4. Half of all patients diagnosed with acute type-A aortic dissection die within \_\_\_\_\_ hours of presentation.
  - (a) 24
  - (b) 36
  - (c) 48
  - (d) 72
  
5. Aortic dissection is not the most frequently diagnosed lethal disease of the aorta.
  - (a) True
  - (b) False
  
6. In this study a graft with an 8mm sidearm is preferred, why?
  - (a) The side arm of the graft is used to de-air the heart.
  - (b) The side arm of the graft is used to re-institute cardiopulmonary bypass.
  - (c) The side arm of the graft is used for cerebral perfusion.
  - (d) All of the above.

7. Why do the authors prefer the DLP 22-French EOPA arterial cannula?
- (a) The length of the cannula is 30.5 cm.
  - (b) The cannula is of single-piece construction.
  - (c) The cannula is wire reinforced allowing considerable flexibility without kinking.
8. In the presence of severe aortic regurgitation due to acute dissection, distension of the heart is rarely problematic because.
- (a) The aortic leaflets co-apt against the cannula wall reducing any incompetence.
  - (b) If the heart distends it is easily vented through a small stab incision in the pulmonary artery.
9. Preferred location of the cannula tip is in the \_\_\_\_\_?
- (a) Left ventricular outflow tract.
  - (b) Femoral artery.
  - (c) Sinus of Valsalva.
  - (d) None of the above.
10. Trans-oesophageal echocardiography plays a vital role in the placement of the Transapical cannula.
- (a) True
  - (b) False
11. The transapical cannulation technique offers several advantages over the traditional femoral or axillary approaches, which includes.....
- (a) No purse-strings or additional dissection is required.
  - (b) Quicker to insert than other conventional methods
  - (c) Allows cannulation in patients which would have otherwise no other available sites for establishing arterial inflow.
12. This study of 138 patients was by far the largest series of transapical cannulation for type-A dissections, and the overall rate of cerebrovascular accidents was impressively low at \_\_\_\_\_?
- (a) 3%
  - (b) 8.5%
  - (c) 5.8%
  - (d) 6%