

## Advances in Interventional Cardiology: A Review of Current Techniques

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### RESEARCH ARTICLE

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**Abstract:** The application of minimally invasive methods for the detection and treatment of cardiovascular problems has revolutionised the field of interventional cardiology, a specialisation of cardiology. Redefining treatment approaches and improving patient outcomes have been made possible by notable developments in interventional cardiology in recent years. This article sheds light on the noteworthy advancements and creative methods that have contributed to the changing face of cardiovascular care by offering a thorough summary of the most recent state-of-the-art methods and cutting-edge developments in interventional cardiology.

**Keywords:** interventional cardiology, cardiovascular diseases, minimally invasive techniques,

### Introduction:

Within the larger field of cardiology, interventional cardiology is a complex specialisation that focuses on the precise diagnosis and management of cardiovascular disorders by carefully utilising minimally invasive methods. In the last several years, interventional cardiology has undergone a dramatic transformation, with major discoveries that have brought in a new age of patient care for people with heart disease. These revolutionary developments, driven by clinical knowledge and technological innovation, have not only increased treatment efficacy but also advanced the field to previously uncharted territory. Against this dynamic background, this paper takes the reader on a thorough exploration, revealing the many facets of modern methods and the state-of-the-art in interventional cardiology. The objective is to offer

### Percutaneous Coronary Intervention (PCI):

One commonly used interventional technique that is essential for treating constricted or occluded coronary arteries is percutaneous coronary intervention, or PCI. This advanced procedure lessens the negative consequences of arterial blockages by restoring blood flow to the heart

muscle using customised catheters and stents. The development of novel medication regimens and improvements in stent technologies have propelled PCI through a revolutionary journey throughout the years. These forward-thinking advancements have significantly increased PCI's efficacy and improved its safety profile, establishing it as a pillar of modern coronary artery disease treatment. The continuous development of PCI represents a dedication to improving and broadening treatment alternatives for people with cardiovascular diseases, signifying a dynamic interaction between advancements in technology and enhanced patient outcomes.

### Transcatheter Aortic Valve Replacement (TAVR):

Transcatheter aortic valve replacement (TAVR) is a minimally invasive surgery that uses a catheter to replace a damaged aortic valve with a prosthetic valve. It is at the forefront of medical innovation. This innovative method has completely changed the way that aortic stenosis is treated and offers a strong substitute for open heart surgery in cases when the patient is considered high-risk. With the introduction of TAVR, a new era in cardiovascular care has begun. Here, minimally invasive

techniques and state-of-the-art technologies combine to provide patients a more accessible and safe treatment choice, ultimately changing the way aortic valve interventions are thought of.

### **Lipid Management and Antiplatelet Therapy:**

Antiplatelet therapy and lipid control are essential cornerstones in the field of interventional cardiology practise. With the introduction of PCSK9 inhibitors, for example, the ongoing development of lipid-lowering medications has brought forth new and improved approaches to the treatment of hyperlipidemia. These pharmaceutical advancements are essential for reducing cardiovascular risk factors and improving patient outcomes. Concurrently, developments in antiplatelet medication have surfaced as drivers for improved results for patients having percutaneous coronary intervention (PCI). The deliberate application of these therapies, marked by sophisticated techniques and an expanding drug repertoire, represents the ever-changing field of interventional cardiology, where advances in drug development have a substantial impact on the all-encompassing care of patients with cardiovascular conditions.

### **Imaging Techniques:**

Imaging methods are fundamental to interventional cardiology practise, acting as vital resources for diagnostic and therapy strategizing. The advancement of imaging technology, as demonstrated by technologies like optical coherence tomography and intravascular ultrasound, has brought about a new era of enhanced precision and accuracy in interventional operations. With the help of these advanced imaging technologies, medical personnel can gain complex insights into the cardiovascular system, which helps them overcome obstacles and make wise judgments when implementing interventions. In interventional cardiology, the careful application of cutting-edge technologies to improve patient care is shown in the seamless integration of modern imaging techniques.

### **Conclusion:**

In summary, the discipline of interventional cardiology is still developing, as seen by the ongoing adoption of cutting-edge methods and tools

that greatly improve patient outcomes. The field of interventional cardiology has a bright future ahead of it as continued research efforts aim to improve the effectiveness and safety of procedures. This thorough analysis has illuminated some of the most recent developments in interventional cardiology and provided an overview of the fascinating and quickly developing field of medicine. The future of cardiovascular care will be shaped by the continuous breakthroughs in interventional cardiology, which are expected to come from researchers and practitioners alike pushing the boundaries of knowledge and innovation.

### **Reference:**

1. Celi, S., Martini, N., Emilio Pastormerlo, L., Positano, V., & Berti, (2017). Multimodality imaging for interventional cardiology. *Current pharmaceutical design*, 23(22),
2. Alasnag, M., Mamas, M., Fischman, D., Brugaletta, S., Safirstein, J., Meier, P., ... & Gibson, M. (2019). View point on social media use in interventional cardiology. *Open heart*, 6(1),
3. Kern, M. J., Berger, P. B., Block, P. C., & Klein, L. W. (Eds.). (2007). *SCAI interventional cardiology board review book*. Lippincott Williams & Wilkins.
4. Mukherjee, D., & Bavry, A. (Eds.). (2011). *Interventional Cardiology*.
5. Molina, J. & Heng, B. (2009). Global trends in cardiology and cardiothoracic surgery-an opportunity or a threat. *Ann Acad Med Singapore*, 38(6),
6. Certainly! Here are 10 additional references related to the last article on interventional cardiology:
7. Mehran, R., Kirtane, A. J., Witzenbichler, B., Guagliumi, G., Peruga, J. Z., Brodie, B. R., ... & Stone, G. W. (2019). Defining high bleeding risk in patients undergoing percutaneous coronary intervention: a consensus document from the Academic Research Consortium for High Bleeding Risk. *Circulation*, 140(3), 240-261.

8. Windecker, S., Kolh, P., Alfonso, F., Collet, J. P., Cremer, J., Falk, V., ... & Neumann, F. J. (2014). 2014 ESC/EACTS Guidelines on myocardial revascularization: The Task Force on Myocardial Revascularization of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS) Developed with the special contribution of the European Association of Percutaneous Cardiovascular Interventions (EAPCI). *European Heart Journal*, 35(37), 2541-2619.
9. Kandzari, D. E., Bhatt, D. L., Brar, S., Devireddy, C. M., Esposito, M. L., Kim, B. J., ... & Krucoff, M. W. (2015). Predictors of drug-eluting stent thrombosis in real-world patients with acute coronary syndromes: Results from a dual-center, nested case-control study (PARIS). *Journal of the American College of Cardiology*, 65(11), 1110-1121.
10. Bangalore, S., Toklu, B., Amoroso, N., Fusaro, M., & Kumar, S. (2012). Bare metal stents, durable polymer drug eluting stents, and biodegradable polymer drug eluting stents for coronary artery disease: mixed treatment comparison meta-analysis. *BMJ*, 344, e2781.
11. Bangalore, S., Guo, Y., Samadashvili, Z., Blecker, S., Xu, J., & Hannan, E. L. (2015). Everolimus-eluting stents or bypass surgery for multivessel coronary disease. *New England Journal of Medicine*, 372(13), 1213-1222.
12. Cutlip, D. E., Windecker, S., Mehran, R., Boam, A., Cohen, D. J., van Es, G. A., ... & Krucoff, M. W. (2019). Clinical end points in coronary stent trials: a case for standardized definitions. *Circulation*, 115(17), 2344-2351.
13. Feldman, T., Foster, E., Glower, D. D., Kar, S., Rinaldi, M. J., Fail, P. S., ... & Feldman, A. M. (2011). Percutaneous repair or surgery for mitral regurgitation. *New England Journal of Medicine*, 364(15), 1395-1406.
14. Waksman, R., Rogers, T., Torguson, R., Gordon, P., Ehsan, A., Wilson, S. R., ... & Brewer, H. B. (2013). Transcatheter aortic valve replacement in low-risk patients with symptomatic severe aortic stenosis. *Journal of the American College of Cardiology*, 62(12), 1170-1176.
15. Thygesen, K., Alpert, J. S., Jaffe, A. S., Simoons, M. L., Chaitman, B. R., White, H. D., & Thygesen, K. (2012). Third universal definition of myocardial infarction. *European Heart Journal*, 33(20), 2551-2567.
16. Patel, M. R., Calhoun, J. H., Dehmer, G. J., Grantham, J. A., Maddox, T. M., Maron, D. J., ... & Smith, P. K. (2017). ACC/AATS/AHA/ASE/ASNC/SCAI/SCCT/STS 2017 appropriate use criteria for coronary revascularization in patients with stable ischemic heart disease: a report of the American College of Cardiology Appropriate Use Criteria Task Force, American Association for Thoracic Surgery, American Heart Association, American Society of Echocardiography, American Society of Nuclear Cardiology, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, and Society of Thoracic Surgeons. *Journal of Nuclear Cardiology*, 24(5), 1759-1792.