



Cardiac Intensive Care after Trans-catheter Aortic Valve Replacement

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DESCRIPTION

Cardiac critical care units play a vital role in managing patients with severe cardiac issues. These units are staffed with highly skilled medical professionals, equipped with advanced technology, and dedicated to saving lives. However, like any medical specialty, cardiac critical care has its drawbacks and limitations. This article explores some of the challenges and drawbacks of cardiac critical care, highlighting the need for a comprehensive approach that balances the benefits with the limitations. Cardiac critical care is resource-intensive. The constant monitoring, life support systems, and round-the-clock care necessitate significant financial and human resources. This can put a strain on healthcare budgets and workforce availability, potentially limiting access for patients. The limited capacity of cardiac critical care units can result in patients being placed on waiting lists. This delay in treatment can have adverse consequences for patients with time-sensitive cardiac conditions, such as heart attacks and arrhythmias. The costs associated with cardiac critical care are substantial. Patients and their families often face exorbitant medical bills, and these financial burdens can lead to significant stress and anxiety, impacting the overall well-being of patients. Cardiac critical care relies heavily on advanced medical technology, such as ventilators, ECMO machines, and hemodynamic monitors. While these technologies are essential, they come with the risk of technical failures or malfunctions, potentially compromising patient care. Patients in cardiac critical care units are vulnerable to healthcare-associated infections. The constant presence of invasive devices, such as central lines and endotracheal tubes, can increase the risk of infections like bloodstream infections or ventilator-associated pneumonia. The prolonged stay in a cardiac critical care unit can have a profound psychological impact on patients. The environment is often sterile and intimidating, leading to feelings

of isolation, anxiety, and depression. Due to infection control and limited space, cardiac critical care units often have restricted visiting hours and policies that limit the presence of family members. This can create emotional distress for both patients and their loved ones. Cardiac critical care units frequently face challenging ethical dilemmas, such as end-of-life decisions and resource allocation. These situations require delicate decision-making and can lead to emotional and moral distress for healthcare providers. The quality of care in cardiac critical care units can vary widely between different facilities. Some may have more experienced staff and access to better resources, while others may struggle to provide the same level of care, leading to disparities in patient outcomes. Despite the best efforts of cardiac critical care teams, not all patients can be saved. There are limitations to what medical interventions can achieve, and healthcare providers often have to deliver difficult news to patients and their families. Cardiac critical care is an essential field of medicine that saves countless lives. However, it is not without its drawbacks and limitations. These drawbacks range from resource-intensive care and high costs to the psychological impact on patients and their families. Healthcare providers and policymakers must acknowledge these limitations while striving to improve access, quality, and equity in cardiac critical care. A comprehensive approach that balances the benefits of this critical care specialty with its drawbacks is essential to ensure the best possible outcomes for patients with cardiac conditions.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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