



We present a patient who underwent mitral valve replacement (MVR) and a concomitant CM-IV procedure in which the distal end of the CVC was damaged due to RF energy” de Rooij et al (2019).

Extract:

“About 12% of patients undergoing cardiac surgery and 30% of patients undergoing mitral valve surgery experience atrial fibrillation (AF).<sup>1</sup> The current Cox-Maze IV (CM-IV) procedure is the most successful surgical treatment for AF, with an overall freedom from AF of 78% at 5 years.<sup>2</sup> The CM-IV procedure creates transmural ablation lesions in the left and right atria to prevent the initiation or maintenance of AF. The energy sources used are bipolar radiofrequency (RF) energy or cryoablation.<sup>3, 4</sup> The CM-IV procedure generally is performed with the patient under general anesthesia in combination with other cardiac procedures and the support of cardiopulmonary bypass (CPB). A central venous catheter (CVC) is an essential part of the anesthetic management and monitoring during cardiac surgery and commonly is placed via the right internal jugular vein with the tip placed into the proximal superior caval vein (SVC).<sup>5</sup> We present a patient who underwent mitral valve replacement (MVR) and a concomitant CM-IV procedure in which the distal end of the CVC was damaged due to RF energy.

You may also be interested in...” de Rooij et al (2019).

Clostridium difficile infection prevention during CVC antibiotic

administration

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Patient diaries during use of central venous catheters

**Full Text**

Reference:

de Rooij, M.H., Brommundt, J.S., Peeters, G., Klinkenberg, T.J. and Scheeren, T.W.L. (2019) Dislodged Tip of Damaged Central Venous Catheter After Radiofrequent Cox-Maze IV Procedure: An aMAZING Finding. *Journal of Cardiothoracic and Vascular Anesthesia*. February 12th. . doi: 10.1053/j.jvca.2019.02.018.

