# KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

## **Diploma in Cath Lab Technician**

(Program Code- 1804) (Course Code- 1804-11)

## **DIPLOMA COURSE IN CARDIAC TECHNOLOGY**

SYLLABUS BASIC ANATOMY & PHYSIOLOGY THEORY

- Duration of the Course: One Year
- <u>Eligibility</u> :- 12 <sup>th</sup> std(Science)
- <u>Fee</u>:
- <u>Selection Method</u>: Entrance Examination conducted by the University.
- Faculty: 1. Dr.AbhijeetShelke MD(MED)DNB(Cardiology)EP. Interventional Cardiologist &Electrophysiologist.
  2. DR.VIJAYSINH PATIL MD (MED) DNB Cardiology FESC, FICI,Interventional Cardiologist
  3. Dr.RameshKawde MBBS, PGDCC

Junior Cardiologist.

- Infrastructure:
  - Latest GE Innova IGS 520 Cath LAB.
  - <u>All cardiac, Nuro&peripheral applications</u>.
  - EP Machine
  - <u>FFR.</u>

- **<u>Contributing Department</u>**: Department of Cardiology
- Medium of Instruction: English.
- <u>Attendance:</u> 90% attendance is mandatory to become eligible for the examination and will be certified by the course director.

### <u>SYLLABUS</u>

## • I ST SEMISTER ( 6 MONTH)

#### A. Introduction to Anatomy:

- 1. Cardiovascular system: pulmonary & systemic. Heart , arteries, veins.
- 2. Respiratory system: Nose, trachea, lungs, gaseous exchange in lungs. Detailed respiration process.

## B. <u>PHYSIOLOGY</u>

- 1. Overview of the cardiovascular system
- 2. Cardiac cycle
- 3. Cardiac excitation and
- 4. Assessment of cardiac output
- 5. Hemodynamics
- 6. Solute transport between blood and tissues
- 7. Vascular smooth muscle

- 8. Control of blood vessels
- 9. Specialization in individual
- 10. Cardiovascular receptors, reflexes and central control
- 11. Coordicated cardiovascular responses
- 12. Cardiovascular responses ion pathological situations
- 13. Respiratory physiology
- 14. Hematology and coagulation physiology blood

### C. PHARMACOLOGY RELATED TO CARDIAC TECHNOLOGY

- 1. Anti-anginal agents
- 2. Anti-failure agents
- 3. Anti-hypertensive drugs
- 4. Anti- arrhythmic agents
- 5. Antithrombotic agents
- 6. Lipid lowering and anti-atherosclerotic drugs:
- 7. Miscellaneous drugs

### D. <u>PATHOLOGY, MICROBIOLOGY, CLINICAL FEATURES ANDTREATMENT OF</u> <u>DISEASES PERTINENT TO CARDIAC</u> <u>TECHNOLOGY</u>

1. Valvular heart disease

Etiology Acquired valvular heart disease

- Rheumatic fever and rheumatic heart disease
- Aortic stenosis
- Aortic regurgitation
- Mitral valve disease
- Mitral stenosis
- Mitral regulation
- Mitral valve disease
- Tricuspid valve disease Infective
- endocarditis Valvuloplasty and
- valve Surgery

### 2. Coronary artery

<u>disease</u>Pathophysiology and clinical recognition Angina Pectoris

Symptomatic and asymptomatic myocardial ischemia Types and locations of myocardial infarction Thrombolytic therapy

Medical treatment Percutaneous interventions Surgical treatment

Cardiac rehabilitation

## 3. Systemic hypertension

Essential and secondary hypertension

### 4. Heart failure

Surgical and medical treatment

- 5. <u>Myocardial diseases</u>Dilated cardiomyopathy Hypertrophic cardiomyopathy Restrictive cardiomyopathy Myocarditis
- 6. pericardialDiseasesPericardial

Effusion Constrictive pericarditis Cardiactamponade

## E. <u>ENGLISH</u>

**Communication:-**

Role of communication Defining Communication Classification of communication Purpose of communication Major difficulties in communication Barriers to communication Characteristics of successful communication – The seven Cs Communication at the work place Human needs and communication "Mind mapping" Information communication

#### F. Cardiac catheterization laboratorybasics

#### Type of catheters

Catheter cleaning and packing

Techniques of sterilization-advantages and disadvantages of each Setting up the cardiac catheterization laboratory for a diagnostic study Table movement

Image intensifier movement

Image play back

Intra cardiac pressures

Pressure recording systems

Fluid filled catheters versus catheter tipped manometers

Artifacts, damping, ventricularization

Pressure gradient recording - pullback, peak - to peak

Cardiac output determination Thermo dilution method

Oxygen dilution method Principles of oximetry

Shunt detection and calculations. Coronary

angiography

Coronary angiographic catheters

Use of the manifold

Angiographic views in coronary angiography

Laboratory preparation for coronary angiography

Left Ventriculography - catheters, views, use of the injector

Right heart catheterization and angiography

## II SEMISTER

• <u>6-12 MONTHS</u>

## A. <u>PATHOLOGY, MICROBIOLOGY, CLINICAL FEATURES AND TREATMENT OF DISEASES</u> <u>PERTINENT TO CARDIAC</u> TECHNOLOGY

- 1. Electrical disturbances of the heart
- 2. Pulmonary hypertension
- 3. Peripheral Vascular Disease
- 4. Congenital heart disease
- 5. Cyanotic congenital heart disease

## **B.** BASIC ELECTROCARDIOGRAPHY (ECG)

Fundamental principles of electrocardiography Cardiac electrical field generation during activation

Cardiac wave fronts

Cardiac electrical field generation during ventricular recovery

Electrocardiographic lead systems

Standard limb leads

Precordial leads and the Wisdom central termina

Augmented limb leads

The hexaxial reference frame and electrical axis Recording adult and pediatric ECGs The normal electrocardiogram Atrial activation The normal P wave Artial repolarization Atrioventricular node conduction and the PR segment Ventricular activation and the QRS complex Ventricular recovery and ST-T wave U wave Normal variants Rate and rhythm

## C. TREADMILL EXERCISE STRESS TESTING AND 24 HOURAMBULATORY ECG (HOLTER) RECORDING

Exercise physiology Exercise protocols Lead systems Patient preparation ST segment displacement – types and measurement Non-electrocardiographic observations Exercise test indications, contra-indications and precautions Cardiac arrhythmias and conduction disturbances during stress testing Emergencies in the stress testing laboratory Principles of Holter Recording Connections of the Holter recorder Holter Analysis Guidelines for ambulatory electrocardiography

## D. ECHOCARDIOGRAPHY

M- mode and 2D transthoracic echocardiography

Views used in transthoracic echocardiography

Doppler echocardiography: pulsed, continuous wave and colour

Measurement of cardiac dimendions

Evaluation of systolic and diastolic left ventricular function

Regional wall motion abnormalities

Stroke volume and cardiac output assessment

Transvalvular gradients

Orifice area

Continuity equation

Echocardiography in Valvular heart disease:

Mitral stenosis Mitral regurgitation Mitral valve prolapse Aortic stenosis

Aortic regurgitation Infective endocarditis Prosthetic valve assessment

Echocardiography in Cardiomyopathies: Dilated

Hypertrophic

Restrictive

Constrictive pericarditis

Pericardial effusion and cardiac tamponade Echocardiographic detection of congentital heart desease: Atrial septal defect

Ventricular septal defect Patent ductusarteriosusPulmonary stenosis Tetralogy of FallotCoarctation of aorta

Left atrial thrombus Left atroalmyxoma TransoOesophageal echocardiography

**Text book recommended**: Echocardiography – Feigenbaum

E.CARDIAC CATHETERIZATION LABORATORY ADVANCED

## • Aortic angiography – aortic root, arch, abdominal aorta

Peripheral angiography and carbondioxide angiography

Catheterization and angiography in children with congenital heart disease.

### • <u>Contrast agents</u>

Ionic and non-ionic

Types of non-ionic agents

Contrast nephropathy

Measures to reduce incidence of contrast neophropathy

### • <u>Coronary angioplasty (PTCA)</u>

Equipment and hardware used in

PTCA: Guiding catheters,

**Guidewires Balloons Stents** 

Setting up the laboratory for a PTCA case

Management of complications: Slow flow/no flow

Acute stent thrombosis

Dissection

Perforation

## Pediatric Interventions

Aortic and pulmonary valvuloplasty Coarcation angioplasty and stenting Device closure of PDA,ASD,VSD Technique and decices used

Sizing of devices

Coil.closure of PDAs

## • <u>Balloon Mitral valvuloplasty(BMV)</u>

Techniques and hardware used in BMV Setting up the laboratory for a BMV case Technique and equipment used for transseptal puncture Recording of transmitral pressure gradients Management of cardiac temponade

## • <u>Peripheral intercentions</u>

Equipment and techniques used

Endovascular exclusion of aneurysms

Self-expanding stents, covered stents and cutting ballons

## • Intra-aortic balloon pump (IABP)

Theory of intra-aortic balloon couonterpulsation

Indications for IABP use

Setting up the IABP system

### • <u>Thromboembolic disease</u>

Indications and use of venacaval filters

Techniques of thrombolysis – drug and catheters used Thrombus aspirations systems – coronary, peripheral Thrombus aspirations systems – coronary, peripheral

## • Cardiac pacing

Temporary pacing – indications, technique

Permanent pacing

Indications

Types of pacemakers and leads

Settingupthe laboratory for permanent pacing

Pacemakerparameter checking

Follow-up of pacemaker patients

## • <u>Cardiac electrophysiology</u>

Catheters used in electrophysiology studies Connection of catheters during an EP study Equipment used in arrhythmia induction and mapping Radiofrequency ablation Image archival systems and compact disc (CD) writing

## Text book recommended:

CardoacCatheterizatipn – Grossman