# Mechanical Circulatory Support in Interventional Cardiology and in Acute Cardiogenic Shock – A review of current and future trends.

#### Pradeepkumar Pillai

Dubai Health Authority, Dubai, United Arab Emirates.

## ABSTRACT

The advent of mechanical circulatory support (MCS) as an offshoot of cardio-pulmonary bypass, opened up new vistas for providing circulatory support for high risk Interventional cardiological procedures. A very high degree of safety in patient care can be achieved in incorporating mechanical circulatory support for high risk patients undergoing complex interventional cardiological procedures like high risk Percutaneous Coronary Interventions, Trans-catheter Aortic Valve Implantation (TAVI/TAVR) procedures. Another aspect of MCS is its potential for salvaging and stabilizing failing circulatory dynamics in patients undergoing acute cardiogenic shock. Advances in extra-corporeal circulation techniques and equipment alongwith revised protocols of patient care have resulted in improved patient outcomes in this critical patient category. The presentation reviews current devices and MCS therapy regimen in use and tries to predict future trends with a view to make the procedure more effective in delivering favourable outcomes.

## **Biography**

Pradeepkumar Pillai is a Senior Clinical Perfusionist, currently working in the Department of Cardiothoracic Surgery, Dubai Hospital, Dubai, United Arab Emirates. He is also the current Editor-in Chief, Indian Journal Of Extra-Corporeal Technology, the official journal of the Indian Society of Extra-Corporeal Technology (ISECT). He completed his Post-Graduation in Microbiology from the University of Mumbai, India in 1999 and subsequently his cardiovascular perfusion training from Amrita Institute of Medical Sciences and Research Centre, Kochi, Kerala, India in 2001. He has about 19 years of professional experience in clinical perfusion. Among his principal interests include- Mechanical Circulatory Support, Non cardiac application of Extra-Corporeal Circulation, Pediatric and Neonatal Cardio-Pulmonary Bypass, research in life

sciences ,etc

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**Citation:** Pradeepkumar Pillai; Mechanical Circulatory Support in Interventional Cardiology and in Acute Cardiogenic Shock – A review of current and future trends; Cardiology 2021; London, UK