Perhimpunan Dokter Spesialis Kardiovaskular
Indonesia (PERKI) Cabang Makassar
Didukung oleh :
Bagian Kardiologi dan Kedokteran Vaskular Fakultas Kedokteran UNHAS
Makassar Cardiac Centre

MAKASSAR CARDIOVASCULAR UPDATE XIV 2015

12 - 14 Juni 2015, Hotel Grand Clarion Makassar

PENANGANAN PENYAKIT JANTUNG DAN PEMBULUH DARAH : A – Z

DAFTAR ISI

Halaman

SKEMA ACARA

JAM	JADWAL MCVU XIV 2015									
	JUMAT			SABTU				MINGGU		
	Coronary (CR)			High Risk Group (HRG)				Heart Failure (HF)		
	13 Juni 2015			13 Juni 2015				14 Juni 2015		
07.00 - 07.30	Pendaftaran Ulang									
07.30 - 08.00				Pendaftaran Ulang						
08.00 - 08.15	Tips Pagi			Diskusi Pagi (Cardio Renal)	Diskusi Pagi (Cardio Renal)	Diskusi Pagi (Cardio Geriatri)		Diskusi Pagi (Cardio Pulmonal)	Diskusi Pagi (Cardio Ginekologi)	Diskusi Pagi (Cardiac Infective)
08.15 - 08.30										
08.30 - 08.00	Rehat Kopi & S I (Diagnostic HF-S)			S - IV (Pengenalan High Risk Group Cardiovascular)			WS Perawat	S - VIII (Diagnostic HF)		S.Paralel 8
08.30 - 08.30										
08.30 - 10.00	S - II (Patomekanisme ACS)			S - V (Patomekanisme HRG)				S - IX (Patomekanisme HF)		S.Paralel 9
10.15 - 10.30										
10.30 - 11.00	Pembukaan			Rehat Kopi				Rehat Kopi		
11.00 - 11.30	SMS - I			S - VI (Manajemen HRG)	S.Paralel 6		WS Perawat	S - X (Gizi dan Komplikasi HF)		S.Paralel 10
11.30 - 12.00										
12.00 - 12.30	Shalat Jumat			SMS - II				SMS - III (Deteksi dan Penanganan HF)		
12.30 - 13.00										
13.00 - 13.30	Makan Siang			Makan Siang				Makan Siang		
13.30 - 14.00	S - III (Komplikasi ACS)		Workshop Deteksi Aritmia	Home Care kota Makassar dan Launching Home Care Serangan Jantung			WS Perawat	Penutupan / Lucky Draw		
14.00 - 14.15										
14.15 - 14.30				S - VII (HRG Katup)						
14.30 - 14.45	Lucky Draw									
14.45 - 15.00	TnT Sesak Napas	TnT Nyeri Dada	TnT Obat KV	TnT Nyeri Tungkai	TnT Berdebar	Lucky Draw				
15.00 - 15.15										
15.15 - 15.30						TnT Sesak Napas	TnT Nyeri Dada	TnT Sinkop	TnT Non Cardiac	Workshop Berdebar
15.30 - 16.30										
16.30 - 16.45										
16.45 - 17.15										

Keterangan :

S : Simposium Tunggal
SMS : Simposium Makan Siang
TnT : Tips dan Trik
WS : Workshop

ACARA ILMIAH

SIMPOSIUM

I. Simposium I

Panitia

Diagnostik Coronary

Moderator : dr. Pantrik Tandean, SpPD-KKV

- Diagnosa Penyakit Jantung Koroner di Rumah Sakit
  (dr. Almuta, SpPD, SpJP)
- Diagnosa PJK di Tingkat Layanan Primer
  (dr. Irmansyani Sudirman, SpJP)

II. Simposium II

Panitia

Patomekanisme Coronary

Moderator : Dr. dr. Rina Masadah, SpPA, MPhil

1. Patomekanisme Aterosklerosis
   (Dr. dr. Gatot S. Lawrence, MSc, SpPA, DFM)
2. Penanganan Penyakit Jantung Koroner Sehari-hari
   (Prof. Dr. dr. Ali Aspar Mappahya, SpPD, SpJP)

III. Simposium III

Panitia

Komplikasi Coronary

Moderator : dr. Irmalita, SpJP(K)

- Penanganan Klinis Syok Kardiogenik.
  (dr. Siska Suridanda Danny, SpJP(K))
- Penanganan Klinis Aritmia Lethal
  (Dr. dr. Starry H. Rampengan, SpJP(K))
- Nutrisi pada Penderita Penyakit Jantung Koroner Sehari-hari
  (Dr. dr. Haerani Rasyid, MKes, SpPD-KGH, SpGK)

1. **Diagnosa Gagal Jantung di Tingkat Layanan Primer**
   (dr. Janry Antonius Pangemanan, SpJP(K))
2. **Deteksi dan Penanganan Gagal Jantung Sistolik**
   (dr. Siti Elkana Nauli, SpJP)

ACARA ILMIAH

XI. Simposium Paralel VIII
PT. Boehringer Ingelheim
The Three Dimensions of Modern Blood Pressure Management
Moderator : Prof. Dr. dr. Ali Aspar Mappahya, SpPD, SpJP

1. **The Importance of 24-Hour BP Control For Managing CV Risk**
   (Prof. Dr. dr. Syakib Bakri, SpPD-KGH)
2. **Blood Pressure Variability Over 24-Hour: Implications And Treatment With Single Pill Combination**
   (Dr. dr. Muzakkir Amir, SpJP)

XII. Simposium IX
Panitia
Patomekanisme Heart Failure
Moderator : dr. Muhammad Nuralim Mallapasi, SpB, SpBTKV

1. **Penanganan Umum Gagal Jantung**
   (dr. Siti Elkana Nauli, SpJP)
2. **Patomekanisme dan Perubahan Hemodinamik Gagal Jantung**
   (Dr. dr. Starry H. Rampengan, SpJP(K))

XIII. Simposim Paralel IX
PT. Pfizer Indonesia
Moderator : dr. Abdul Hakim Alkatiri, SpJP

1. **Managing Blood Pressure Variability & Morning Hypertension with 24 Hours Amlodipine from Target Organ Damage**
   (dr. Pendrik Tandean, SpPD-KKV)

2. Tindakan Awal Sesak Napas pada Anak dengan Penyakit Jantung Bawaan
(dr. Julius Patimang, SpA, SpJP)

Sabtu, 13 Juni 2015

1. Cara Praktis Diagnosa dan Penanganan Gagal Jantung
(Dr. dr. Starry H. Rampengan, SpJP(K))
2. Tindakan Awal Sesak Napas pada Anak dengan Penyakit Jantung Bawaan
(dr. Burhanuddin Iskandar, SpA(K))

ACARA ILMIAH

TIPS DAN TRIK

2. Nyeri Dada Tiba-tiba
Jumat, 12 Juni 2015
1. Mengenal Nyeri Dada Cardiac Non Penyakit Jantung Koroner
(dr. Abubakar S. Zubeidi, SpJP)
2. Penanganan Nyeri Dada Cardiac Non Penyakit Jantung Koroner
(dr. Abubakar S. Zubeidi, SpJP)

Sabtu, 13 Juni 2015

1. Mengenal Nyeri Dada Selain Penyakit Jantung Koroner
(dr. Firman S Dullah, SpJP)
2. Penanganan Nyeri Dada Emergency Selain Penyakit Jantung Koroner
(dr. Bima Bintoro, SpJP)

3. Obat Kardiovaskular
Jumat, 12 Juni 2015
1. Tips Rasional Pemilihan Obat Kardiovaskular
(Prof. dr. Peter Kabo, PhD, SpFK, SpJP)
2. Tips Penanganan Efek Samping Obat Kardiovaskular

CLINICAL MANAGEMENT OF LETHAL ARRHYTHMIAS

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Abstract

Cardiac arrhythmias routinely manifest during or following an acute coronary syndrome (ACS). Although the incidence of arrhythmia is directly related to the type of ACS the patient is experiencing, the clinician needs to be cautious with all patients in these categories. As an example, nearly 90% of patients who experience acute myocardial infarction (AMI) develop some cardiac rhythm abnormality and 25% have a cardiac conduction disturbance within 24 hours of infarct onset. In this patient population, the incidence of serious arrhythmias, such as ventricular fibrillation (4.5%), is greatest in the first hour of an AMI and declines rapidly thereafter. It is known that myocardial ischaemia and infarction leads to severe metabolic and electrophysiological changes that induce silent or symptomatic life-threatening arrhythmias.

Sudden cardiac death is most often attributed to this pathophysiology, but many patients survive the early stage of an acute coronary syndrome (ACS) reaching a medical facility where the management of ischaemia and infarction must include continuous electrocardiographic (ECG) and hemo-dynamic monitoring, and a prompt therapeutic response to incident sustained arrhythmias. During the last decade, the hospital locations in which arrhythmias are most relevant have changed to include the cardiac catheterization laboratory, since the preferred management of early acute ACS is generally interventional in nature. However, a large proportion of patients are still managed medically.

Both atrial and ventricular arrhythmias may occur in the setting of ACS and sustained ventricular tachyarrhythmias (VAs) may be associated with circulatory collapse and require immediate treatment. Atrial fibrillation (AF) may also warrant urgent treatment when a fast ventricular rate is associated with hemodynamic deterioration. The management of other arrhythmias is also based largely on symptoms rather than to avert progression to more serious

arrhythmias. Prophylactic antiarrhythmic management strategies have largely been discouraged.

The treatment of lethal arrhythmias consists of pharmacologic, non-pharmacologic therapy and combination of those. Current meta-analysis have showed the efficacy of K channel blockers as an anti-arrhythmic drug for lethal tachyarrhythmias. Pacemaker therapy for brady-arrhythmia has been established as non-pharmacologic therapy. Additionally, radiofrequency catheter ablation is useful for some lethal arrhythmias but most case should be considered for implantation of ICD. Therapy for acute coronary syndrome and arrhythmia management are now based increasingly on invasive approaches.

This presentation addresses the identification and treatment of arrhythmias and conduction disturbances that complicate the course of patients who have ACS, particularly AMI and thrombolysis. Emphasis is placed on mechanisms and therapeutic strategies.

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