

Intraaortic balloon counterpulsation (IABP) is nowadays a standard invasive method of mechanical support of failing heart. The main indications of IABP are severe forms of acute heart failure and cardiogenic shock, e.g. associated with myocardial infarction. The aim of our study was to evaluate IABP-usage in Intensive Cardiac Care Unit (ICCU), characteristics and clinical outcome of IABP-treated patients. Between January 3rd, 2005 and July 5th, 2008 we treated 56 patients with IABP. Main indication for intaortic balloon pumping was myocardial infarction (both STEMI and non-STEMI) complicated by cardiogenic shock. In time of IABP initiation 91 % of patients needed catecholamine support. All patients underwent coronary angiography. 75 % of patients were mechanically ventilated, 30,4 % were monitored by Swan-Ganz pulmonary catheter. Complications were observed in 10 patients. The mean duration of IABP was 46 hours. ICCU mortality was 30,4 %, in-hospital mortality rate was 42,9 %. In our institution, IABP has become a part of the complex treatment in patients with severe forms of cardiogenic shock complicating myocardial infarction. In-hospital mortality in our group is comparable with literature data.