USE OF AEROBIKA® IN PULMONARY REHABILITATION - A CASE REPORT

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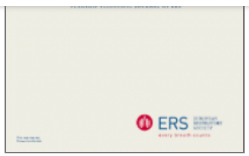

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Abstract

Atrial septal defect represents between 15-35% of congenital heart diseases. This pathology can cause symptoms at the pulmonary level such as dyspnea, lung infection, and problems at the cardiac level such as arrhythmias, that is, flutter and atrial fibrillation. One of the therapeutic options is surgery. Although it allows for symptom relief, optimization of cardiac function, ensuring a better quality of life and an increase in the survival rate of people with cardiovascular disease, it presents several intraoperative conditions (such as mechanical ventilation, extracorporeal circulation time, anesthesia) and complications (such as pleural effusion, arrhythmias, pneumonia, atelectasis). Case report that follows CARE guidelines. This case represents a 4-year-old and 6-month-old child from Cape Verde who underwent surgical closure of an ASD by thoracotomy. Extubated 3 hours after surgery, pulmonary auscultation showed a decreased vesicular murmur (on the right), scattered rhonchi. In respiratory physiotherapy plan from the first day after surgery. Drains are removed on the second day and are diagnosed by x-ray observation – Atelectasis with enlargement of the right hemi-diaphragmatic cupula. Start Aerobika, O-PEP (oscillating positive expiratory pressure) device, with a resistance setting 3, 5 cycles 8 times a day, to add to the breathing exercises. AerobikaÒ creates positive pressure oscillations in the lungs during exhalation which may help to open and clear airways. He was discharged on the fourth postoperative day with resolution of the atelectasis. The O-PEP device improved ventilatory performance, good acceptance by the child and allowed early discharge of this child.

Footnotes

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