Pediatric cardiac catheterization was introduced early in 1940 as diagnostic purposes (1). Later the role of catheter in management of congenital cardiac disorder started. Pulmonary stenosis was the first disorder treated by the catheter (2). Now many cardiac complex lesions can be treated using catheter.

The role of the anesthetist inside the catheter lab has been changed several times from standby to attend in most of cases. Combinations of drugs are the most common used either propofol-ketamine (3) or midazolam –ketamine whether sedation or anesthesia is performed(4). Induction of anesthesia may be performed safely in most of patients using sevoflurane(5)

Hemodynamic stability, pain free, rapid recovery and short hospital stay are our anesthetic goals.


