



Barcelona, 8th of December 2023

To the EACTAIC Educational sub-committee,

We are pleased to submit our application for re-accreditation for the Trainee Exchange Programme in Vascular Anesthesia of the *European Association of Cardiothoracic Anaesthesia and Intensive Care* in Hospital Clínic Barcelona.

We hope that we can continue this rewarding and fulfilling experience.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Matute'.

Purificación Matute Jiménez, M.D, Ph.D

Cardiothoracic Anaesthesiologist, Hospital Clínic Barcelona

Member of the Educational and Vascular sub-committee of the EACTAIC

Coordinator of "Trainee Exchange Programme in Vascular Anesthesia" in Hospital Clínic Barcelona



Barcelona, 28 of November 2023

Ricard Valero Castell, head of Anesthesiology Department in Hospital Clínic of Barcelona, confirms that Purificación Matute Jiménez, director of the Trainee Exchange Programme in Vascular Anesthesia of the European association of Cardiothoracic Anesthesia and Intensive Care, has a dedicated minimum of 10% weekly working time for training the trainees in the Fellowship and Exchange Training Programme.

Yours sincerely

Dr. Ricard Valero
Consultor Sènior
Cap del Servei d'Anestesiologia
Clínic Barcelona
Professor Titular. Universitat de Barcelona
rvalero@clinic.cat; ricardvalero@ub.edu



Application for Hosting EACTA Vascular Anaesthesia Exchange Training Programme

1. Institution Name	Hospital Clínic de Barcelona			
Address	Carrer Villarroel 170, 08036 Barcelona			
Website	www.hospitalclinic.org			
Country	Spain	City	Barcelona	
2. Chair Name	First name	Ricard	Last name	Valero Castell
	Email	rvalero@clinic.cat	Phone	34932275558
3. Programme Director	First name	Purificación	Last name	Matute Jiménez
	Board Certification(s)	M.D., Ph.D., member of Vascular and Education Sub-committee ofEACTAIC, EACTAIC/EACVI accreditation for adult TEE		
	Title/Affiliation	ofEACTAIC, EACTAIC/EACVI accreditation for adult TEE		
	Number of original publications			
	EACTA membership	Yes	If yes, membership's number	852
	ESA membership	Yes	If yes, membership's number	157293
	Societies membership	Yes / No	If yes, membership's number	SEDAR (Spanish Society of Anesthesiology) 2737
	Email	pmatute@clinic.cat	Phone	
	Mailing Address	Hospital Clínic de Barcelona		
	Street	Carrer Villarroel 170, 08036 Barcelona		
	Country	Spain	Region	Cataluña
	Zip code	8036		
	Published Researches in PubMed			
	Attached			

Will the Programme director devote sufficient time to provide substantial leadership to the programme and supervision for the trainees?

Completion of the programme will be acknowledged by the Department of Anaesthesia and Intensive Care at the host centre in junction with European Association of Cardiothoracic Anaesthesia (EACTA) Candidate's requirements

5. Candidate's requirements

The candidates must be board certified or board eligible according to European residency programme standards

Language requirements	No	Comments	English required
	B2		English required, Spanish desirable
Specific requirements towards the attending trainee			

4. General Programme Information

Aims, goals and objectives of the Fellowship Programme

To acquire technical skills in preoperative assessment, anaesthesia, monitoring and postoperative care o vascular surgery including both conventional vascular major surgery (aortic), carotid , complex endovascular surgery (TEVAR, EVAR) and pheipheral vascular surgery. This two/four weeks' Training period as Observer has the aim to improve the practical knowledge

Preferred Duration	2 weeks	Others, sepcify	Due to decreased surgical activity, August- September 15 th and Christmas time (24 DEC)
Preferred Months		Preferred seniority level	Junior
Number of Positions / Year	5		
Comments	Four to five trainees per year		
Clinical interests	The Anaesthesiologists of the Cardiothoracic Section of Hospital Clinic are a group of Anaesthesiologists who work exclusively with the Thoracic, Cardiac and Vascular surgical patients.		
	The group is specially focused in:		

<p>This group is specialty focused in:</p> <ul style="list-style-type: none"> -Improvement of the perioperative care Vascular patients, -Implementation of ERAS, -Open abdominal aortic procedures (aortic thoracic open surgery is performed by cardiac surgeons). -Endovascular aortic procedures (EVAR, TEVAR, CHIVAR...), including modular ischemia protective management and techniques. -Endovascular aortic emergencies (anesthesiologist duty team). -Paraplegia in vascular surgery (protective techniques: drain of SCF, sensitive/motor evoked potentials) -Carotid open endarterectomy and stent procedures. -Anesthesia for peripheral vascular procedures. -Care and pain management for patients with critical limb ischemia and undergone limb amputation -Transesophageal echocardiography -Epidural blockade. -Ultrasound-guided locoregional blockages (upper and lower limb). -Multimodal analgesia protocol. 	
Lab interests	NA

5. Financial Statement

An employment contract will be signed with the candidate
Accommodation options are provided

No
No

Transportation/travel options are provided
Source of financial support for candidate: Candidate's own expenses

6. Faculty

Thoracic Anaesthesia Faculty - Research Interest and/or Clinical Expertise. * Please, list at least three names.

Name	EACTA member	Certification in Cardiothoracic and Vascular Anaesthesia	Additional Qualifications	Email address	Contact address
Irene Rovira	Yes	NA	M.D., Ph.D., EDA	irovira@clinic.cat	
María José Arguis	Yes	NA	M.D., Ph.D.	mjarguis@clinic.cat	
Ricard Navarro	Yes	NA	M.D., Ph.D., EDA	rnavarr1@clinic.cat	
Cristina Ibáñez	Yes	NA	M.D.	cribanez@clinic.cat	
Marc Giménez	Yes	NA	M.D., Ph.D., EDA	magimene@clinic.cat	
Juan Perdomo	Yes	NA	M.D.		
Attached publications list					

7. Resources

Check if each of the following is available at the host centre.

Resources	Yes / No	Number
Total vascular surgery/intervention ward beds	Yes	7
Number of ICU beds dedicated to vascular surgery patients	Yes	2
Post-anaesthesia care unit for vascular patients	Yes	3
Monitoring and advanced life support equipment	Yes	7
Assigned operating rooms for vascular surgery	Yes	5
Interventional vascular facility	Yes	1
Outpatient Clinic for perioperative evaluation of patients undergoing vascular procedures	Yes	1
24-hours acute pain service available for patients undergoing vascular procedures	Yes	7
Meeting Rooms	Yes	5
Classrooms with visual and other educational aids	Yes	5
Study areas for trainees	Yes	7
Office space for faculty members and trainees	Yes	7
Diagnostic facilities	Yes	7
Therapeutic facilities	Yes	7
24-hour laboratory services available in the hospital	Yes	7

8. Clinical Training

Caring for inpatients in	Duration	Number of performed procedures/year
Supra-iliac aortic surgery	4-5 hrs/procedure	>70
Major vascular surgery	2-3 hrs/procedure	>100
Interventional vascular procedures (e.g. angioplasty, TEVAR, EVAR)	3-4 hrs/procedure	>150

Carotid artery stenting/endarterectomy	2 -3 hrs/procedure	70-80
Limb revascularization	2-3 hrs/procedure	>80
Limb amputation surgery	1-2 hrs/procedure	>60
Acute and Chronic Pain Management for vascular patients		>100

List any other rotations (along with their duration, in months) offered in the Programme to augment trainee's learning.

1)In angioradiology suite for carotid stenting because is performed by angioradiologist , not for vascular surgeons 2) For open thoracoabdominal aneurysm which are performed by cardiac surgeons 3)If one week there are more procedures of major surgery , ie AAA open surgery, we perform less cases of another shorter surgery during week, the number of cases are dependent of weekly schedule surgery, the number of procedures noted in the table are approximately).

Maximum Time in Non-Clinical Activities

9. Educational and Academic Programme

Didactic Sessions

Will faculty members' attendance be monitored?	Yes
Will trainees' attendance be monitored?	Yes
Will attendance be mandatory for faculty members?	Yes
Will attendance be mandatory for trainees?	Yes
Who of the following will provide content at conferences? Check all that apply.	Yes
Others (specify): Click here to enter text.	

Patient Care

Competency Area	Settings/ Activities	Assessment Method(s)
Following standards for patient care and established guidelines and procedures for patient safety, error reduction, and improved patient outcomes.	Yes	Check- list
Pre-operative patient evaluation and optimization of clinical status before the complex and minor vascular procedures.	Yes.	Pre-anesthetic assessment. Every patient is evaluated previously and optimized if necessary
Interpretation of cardiovascular and neuromonitoring data.	Yes	Pre-anesthetic assessment
Objectives, indications, and targets of cerebrospinal fluid drainage.	Yes	There is a specific protocol available at Anesthetic Dept. Website
Pharmacological and mechanical haemodynamic support.	Yes	Vasoactive drugs and extra-corporeal mechanical circulatory support
Peri-operative critical care, including ventilatory support and peri-operative pain management.	Yes	Intraoperative and immediate postoperative care in PACU
Providing anaesthesia care for patients undergoing open and endovascular vascular surgery.	Yes	Thoracic aorta cardiac surgery available

Medical Knowledge

Area of Knowledge	Settings/ Activities	Assessment Method(s)
Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which trainees will demonstrate knowledge in each of the following areas. Also indicate the method(s) used to assess competence.		
Embryological development of the thoracic aorta and major vessel structures.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Pathophysiology, pharmacology, and clinical management of patients undergoing vascular procedures.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Pre-anesthetic evaluation and preparation of adult vascular patients.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Invasive and minimally-invasive haemodynamic and neurological monitoring.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Pharmacokinetics and pharmacodynamics of medications prescribed for clamping and de-clamping of thoracic and abdominal aorta.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Pain management for adult vascular surgical patients.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.

Pain management for phantom limb pain.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Post-anaesthetic critical care of vascular surgical patients.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Quality assurance/ improvement.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.
Ethical and legal issues, and practice management.	Yes	Weekly Clinical Session of Anaesthesiology for specialists and residents. Weekly sessions for Simulation in anaesthesiology.

10. Evaluation of Trainees

The Programme Director will give an appraisal for each trainee following the observership
The centre will be able to maintain a register of those fellows who have entered and successfully completed a training programmes.

Yes

Yes

Other Comments

Due to decreased surgical activity, August- September 15 th and Christmas time (24 DEC-6 JANUARY) should be avoided.

11. EACTA Site Visit (for 1-day)

Dates proposed for the visit if required (at least 3) or or

I hereby accept the regulations of the Hospital Visiting especially to take in charge the travel costs and the hotel accommodation of the 2 reviewers on the most reasonable base

Yes

Other comments

To be completed by the Head of department or the authorised deputy.

Please fill in all required fields and send to eacta@aimgroup.eu

	Application for Hosting EACTA Vascular Anaesthesia Exchange Training Programme									
Week (1)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY					
8:00	OR Vascular surgery	Department Teaching	Aorta multidisciplinary Committee meeting	ICU and ICU Intermediate Unit Round	OR Vascular Surgery					
8:30		OR Vascular Surgery	Endovascular Surgery (EVAR/TEVAR) (radiology suite)	OR Vascular Ambulatory surgery						
9:00										
10:00										
11:00										
12:00										
13:00										
14:00										
15:00		Optional: prehabilitation UNIT	Dictated teaching:general principles of Vascular Anesthesia	Dictated teaching:advanced topics in Vascular Anesthesia						
16:00										
Week (2)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY					
8:00	OR Vascular surgery	Department Teaching	Aorta multidisciplinary Committee meeting	Outpatient Clinic for perioperative evaluation Vascular patients	OR Vascular Surgery					
8:30		ICU and ICU Intermediate Unit Round	Endovascular Surgery (EVAR/TEVAR) (radiology suite)							
9:00										
10:00										
11:00		Acute postoperative Pain ward round (Pain Section)								
12:00										
13:00										
14:00										
15:00	Dictated teaching:general principles of Vascular Anesthesia	Dictated teaching:advanced topics in Vascular Anesthesia		Sessions for Simulation in anaesthesiology						
16:00	OR Vascular surgery*week 1									
17:00	OR Vascular surgery*week 2									
18:00										
19:00										
20:00										

This time-table is designed for two-four weeks

Programme Director's Publications List

1. Lurati Buse GA, Mauermann E, Ionescu D, Szczechlik W, De Hert S, Filipovic M, Beck-Schimmer B, Spadaro S, **Matute P**, Bolliger D, Turhan SC, van Waes J, Lagarto F, Theodoraki K, Gupta A, Gillmann HJ, Guzzetti L, Kotfis K, Wulf H, Larmann J, Corneci D, Chammartin-Basnet F, Howell SJ; MET: Reevaluation for Perioperative Cardiac Risk investigators; European Society of Anaesthesiology and Intensive Care. Risk assessment for major adverse cardiovascular events after noncardiac surgery using self-reported functional capacity: international prospective cohort study. *Br J Anaesth.* 2023 Jun;130(6):655-665. doi: 10.1016/j.bja.2023.02.030. Epub 2023 Apr 1. PMID: 37012173.
2. Pujol R, Rivas E, Gracia I, Caballero A, **Matute P**, Cuñat T, Basora M, Fábregas N, Arguis MJ, Forne DL, Balibrea JM, Besa A, Laguna G, Monsalve C, Lacy AM, Martínez-Pallí G; Perioperative COVID Group Hospital Clínic. Preoperative triage to detect SARS-CoV-2 infection in surgical patients: lessons learned for resuming surgery. *Surg Today.* 2023 Jun;53(6):709-717. doi: 10.1007/s00595-022-02610-8. Epub 2022 Oct 21. PMID: 36266480; PMCID: PMC9589600.
3. Molina Andújar A, Lucas A, Escudero VJ, Rovira I, **Matute P**, Ibañez C, Blasco M, Sandoval E, Ruiz J, Chorda Sánchez M, Piñeiro GJ, Quintana E, Poch E. Risk Factors for Acute Kidney Injury Following Cardiac Surgery and Performance of Leicester Score in a Spanish Cohort. *J Clin Med.* 2022 Feb 9;11(4):904. doi: 10.3390/jcm11040904. PMID: 35207177; PMCID: PMC8876028.
4. Martínez S, Giménez-Milà M, Cepas P, Anduaga I, Masotti M, **Matute P**, Castellà M, Sabaté M. Spontaneous Coronary Artery Dissection: Rediscovering an Old Cause of Myocardial Infarction. *J Cardiothorac Vasc Anesth.* 2022 Aug;36(8 Pt B):3303-3311. doi: 10.1053/j.jvca.2022.03.022. Epub 2022 Mar 24. PMID: 35618587.
5. Erdoes G, Wouters PF, Alston RP, Schreiber JU, Bettex D, Antoniou T, Benedetto M, Bouchez S, Szegedi L, Wilkinson K, Landoni G, Treskatsch S, **Matute P**, von Dossow V, Van Beersel D, Unic-Stojanovic D, Momeni M, Gaudard P, Szekely A, Burtin P, Flo-Forner A, Neto CN, Fassl J, Granell M, Erb JM, Navarro-Ripoll R, Vives M, Fetouh FA, Howell SJ, Marczin N, Martinez AH, Vuylsteke A, El-Ashmawi H, de Arroyabe BML, Mukherjee C, Rex S, Paternoster G, Guerracino F, El-Tahan MR. European Association of Cardiothoracic Anesthesiology and Intensive Care (EACTAIC) Fellowship Curriculum: Second Edition. *J Cardiothorac Vasc Anesth.* 2022 Sep;36(9):3483-3500. doi: 10.1053/j.jvca.2022.05.022. Epub 2022 May 21. PMID: 35718622.
6. El-Tahan MR, Erdoes G, van der Maaten J, Wilkinson K, Kousi T, Antoniou T, von Dossow V, Neto CN, Schindler E, Székely A, Forner AF, Wouters PF, Guerracino F, Burtin P, Unic-Stojanovic D, Schreiber JU, **Matute P**, Aboulfetouh F, Navarro-Ripoll R, Fassl J, Bettex D, Benedetto M, Szegedi L, Alston RP, Landoni G, Granell M, Gaudard P, Treskatsch S, Van Beersel D, Vuylsteke A, Howell S, Janai AR, Martinez AH, Erb JM, Vives M, El-Ashmawi H, Rex S, Mukherjee C, Paternoster

G, Momeni M. European Association of Cardiothoracic Anesthesiology and Intensive Care Pediatric Cardiac Anesthesia Fellowship Curriculum: First Edition. *J Cardiothorac Vasc Anesth.* 2022 Mar;36(3):645-653. doi: 10.1053/j.jvca.2021.08.009. Epub 2021 Aug 8. PMID: 34503890.

7. Molina Andújar A, Escudero VJ, Piñeiro GJ, Lucas A, Rovira I, **Matute P**, Ibañez C, Blasco M, Quintana LF, Sandoval E, Sánchez MC, Quintana E, Poch E. Impact of cardiac surgery associated acute kidney injury on 1-year major adverse kidney events. *Front Nephrol.* 2023 Apr 24;3:1059668. doi: 10.3389/fneph.2023.1059668. PMID: 37675375; PMCID: PMC10479748.

8. Devereaux PJ, Marcucci M, Painter TW, Conen D, Lomivorotov V, Sessler DI, Chan MTV, Borges FK, Martínez-Zapata MJ, Wang CY, Xavier D, Ofori SN, Wang MK, Efremov S, Landoni G, Kleinlugtenbelt YV, Szczeklik W, Schmartz D, Garg AX, Short TG, Wittmann M, Meyhoff CS, Amir M, Torres D, Patel A, Duceppe E, Ruetzler K, Parlow JL, Tandon V, Fleischmann E, Polanczyk CA, Lamy A, Astrakov SV, Rao M, Wu WKK, Bhatt K, de Nadal M, Likhvantsev VV, Paniagua P, Aguado HJ, Whitlock RP, McGillion MH, Prystajecky M, Vincent J, Eikelboom J, Copland I, Balasubramanian K, Turan A, Bangdiwala SI, Stillo D, Gross PL, Cafaro T, Alfonsi P, Roshanov PS, Belley-Côté EP, Spence J, Richards T, VanHelder T, McIntyre W, Guyatt G, Yusuf S, Leslie K; POISE-3 Investigators. Tranexamic Acid in Patients Undergoing Noncardiac Surgery (**Matute P**). *N Engl J Med.* 2022 May 26;386(21):1986-1997. doi: 10.1056/NEJMoa2201171. Epub 2022 Apr 2. PMID: 35363452.

9. Erdoes G, Vuylsteke A, Schreiber JU, Alston RP, Howell SJ, Wouters PF, Guerracino F, Unic-Stojanovic D, Martinez AH, Vives M, Gaudard P, Burtin P, Bettex D, Granell M, Szekely A, van der Maaten J, Antoniou T, Jiménez MJ, Szegedi L, Seeberger M, Erb JM, Singh R, von Dossow V, **Matute P**, Rosseel P, Marcin N, Landoni G, Wilkinson K, Diprose P, Mukherjee C, Paternoster G, El-Tahan MR; Education and Subspecialty Committees of the European Association of Cardiothoracic Anesthesiology (EACTA). European Association of Cardiothoracic Anesthesiology (EACTA) Cardiothoracic and Vascular Anesthesia Fellowship Curriculum: First Edition. *J Cardiothorac Vasc Anesth.* 2020 May;34(5):1132-1141. doi: 10.1053/j.jvca.2019.12.014. Epub 2019 Dec 17. PMID: 31948892.

10. Arguis MJ, Navarro R, Regueiro A, Arbelo E, Sierra P, Sabaté S, Galán J, Ruiz A, **Matute P**, Roux C, Gomar C, Rovira I, Mont L, Fita G. Manejo perioperatorio de la fibrilación auricular [Perioperative management of atrial fibrillation]. *Rev Esp Anestesiol Reanim.* 2014 May;61(5):262-71. Spanish. doi: 10.1016/j.redar.2013.01.004. Epub 2013 Mar 21. PMID: 23522980..

11. Alvarez Escudero J, Calvo Vecino JM, Veiras S, García R, González A; Working Group of the CPG. Clinical Practice Guideline (CPG)(**Matute P**). Recommendations on strategy for reducing risk of heart failure patients requiring noncardiac surgery: reducing risk of heart failure patients in noncardiac surgery. *Rev Esp Anestesiol Reanim.* 2015 Aug-Sep;62(7):359-419. doi: 10.1016/j.redar.2015.05.002. Epub 2015 Jul 8. PMID: 26164471.

12. Riambau V, Guerrero F, Murillo I, Rivadeneira M, Montaña X, **Matute P**. Stent grafting-related acute type B redissection. *Vascular*. 2008 Mar-Apr;16(2):101-5. doi: 10.2310/6670.2008.00004. PMID: 18377840.
13. Emperador F, Fita G, Argués MJ, Gómez I, Tresandi D, **Matute P**, Roux C, Gomar C, Rovira I. The importance of intraoperative transesophageal echocardiography in the surgical decision in cardiac surgery. *Rev Esp Anestesiol Reanim*. 2015 Jan;62(1):10-7. English, Spanish. doi: 10.1016/j.redar.2014.03.007. Epub 2014 Jul 18. PMID: 25041852.
14. Gómez-Caro A, García S, Jiménez MJ, **Matute P**, Gimferrer JM, Molins L. Lung sparing surgery by means of extended broncho-angioplastic (sleeve) lobectomies. *Arch Bronconeumol*. 2011 Feb;47(2):66-72. English, Spanish. doi: 10.1016/j.arbres.2010.09.010. Epub 2011 Jan 22. PMID: 21256657.
15. Riambau V, Capoccia L, Mestres G, **Matute P**. Spinal cord protection and related complications in endovascular management of B dissection: LSA revascularization and CSF drainage. *Ann Cardiothorac Surg*. 2014 May;3(3):336-8. doi: 10.3978/j.issn.2225-319X.2014.04.03. PMID: 24967177; PMCID: PMC4052421.
16. Coronel ML, Chamorro N, Blanco I, Amado V, Del Pozo R, Pomar JL, Badia JR, Rovira I, **Matute P**, Argemí G, Castellà M, Barberà JA. Medical and surgical management for chronic thromboembolic pulmonary hypertension: a single center experience. *Arch Bronconeumol*. 2014 Dec;50(12):521-7. English, Spanish. doi: 10.1016/j.arbres.2014.04.011. Epub 2014 Jun 21. PMID: 24957814.
19. Howell SJ, Hoeks SE, West RM, Wheatcroft SB, Hoeft A; OBTAIN Investigators of European Society of Anaesthesiology (ESA) Clinical Trial Network (**Matute P**). Prospective observational cohort study of the association between antiplatelet therapy, bleeding and thrombosis in patients with coronary stents undergoing noncardiac surgery. *Br J Anaesth*. 2019 Feb;122(2):170-179. doi: 10.1016/j.bja.2018.09.029. Epub 2018 Dec 15. PMID: 30686302.
20. van Zaane B, van Klei WA, Buhre WF, Bauer P, Boerma EC, Hoeft A, Metnitz P, Moreno RP, Pearse R, Pelosi P, Sander M, Vallet B, Pettilä V, Vincent JL, Rhodes A; European Surgical Outcomes Study (EuSOS) group for the Trials groups of the European Society of Intensive Care Medicine and the European Society of Anaesthesiology (**Matute P**). Nonelective surgery at night and in-hospital mortality: Prospective observational data from the European Surgical Outcomes Study. *Eur J Anaesthesiol*. 2015 Jul;32(7):477-85. doi: 10.1097/EJA.0000000000000256. PMID: 26001104.
21. Pearse RM, Moreno RP, Bauer P, Pelosi P, Metnitz P, Spies C, Vallet B, Vincent JL, Hoeft A, Rhodes A; European Surgical Outcomes Study (EuSOS) group for the Trials groups of the European Society of Intensive Care Medicine and the European Society of Anaesthesiology (**Matute P**). Mortality after surgery in Europe: a 7 day cohort study. *Lancet*. 2012 Sep 22;380(9847):1059-65. doi:

10.1016/S0140-6736(12)61148-9. PMID: 22998715; PMCID: PMC3493988.

22. Callejas R, Panadero A, Vives M, Duque P, Echarri G, Monedero P; Renal Dysfunction in Cardiac Surgery Spanish Group (GEDRCC2) (**Matute P**). Preoperative predictive model for acute kidney injury after elective cardiac surgery: a prospective multicenter cohort study. *Minerva Anestesiol*. 2019 Jan;85(1):34-44. doi: 10.23736/S0375-9393.18.12257-7. Epub 2018 May 11. PMID: 29756690.
23. Tena B, Gomar C, Roux C, Fontanals J, Jiménez MJ, Rovira I, Fita G, **Matute P**. Complicaciones graves de tipo mecánico asociadas al catéter de arteria pulmonar en cirugía cardiovascular y torácica [Serious mechanical complications associated with pulmonary artery catheters in cardiovascular and thoracic surgery]. *Rev Esp Anestesiol Reanim*. 2008 Oct;55(8):487-92. Spanish. doi: 10.1016/s0034-9356(08)70632-7. PMID: 18982786.
24. Parra V, Fita G, Rovira I, **Matute P**, Gomar C, Paré C. Transoesophageal echocardiography accurately detects cardiac output variation: a prospective comparison with thermodilution in cardiac surgery. *Eur J Anaesthesiol*. 2008 Feb;25(2):135-43. doi: 10.1017/S0265021507001354. Epub 2007 Aug 2. PMID: 17672920.
25. Sala-Blanch X, Pomés J, **Matute P**, Valls-Solé J, Carrera A, Tomás X, García-Diez AI. Intraneural injection during anterior approach for sciatic nerve block. *Anesthesiology*. 2004 Oct;101(4):1027-30. doi: 10.1097/00000542-200410000-00033. PMID: 15448541.
26. **Matute P**. Stent aórtico: punto de vista del anestesiólogo [Aortic stent: the anesthesiologist's point of view]. *Rev Esp Anestesiol Reanim*. 2001 Dec;48(10):496-8. Spanish. PMID: 11792310.
27. Izquierdo E, **Matute P**, Gomar C, Nalda MA. Desfibrilador-cardioversor automático implantable: experiencia anestésica [Implantable automatic cardioverter-defibrillator: anesthesia experience]. *Rev Esp Anestesiol Reanim*. 1995 Dec;42(10):424-7. Spanish. PMID: 8789527.

Faculty Publications List

1. Mechanism-Based Modeling of Perioperative Variations in Hemoglobin Concentration in Patients Undergoing Laparoscopic Surgery. Jaramillo S, Marco-Ariño N, Montane-Muntane M, Blasi A, **Navarro-Ripoll R**, de Peray-Bruel C, Vila-Cullell I, Gambús PL, Troconiz IF. Anesth Analg. 2023 Sep 4. doi: 10.1213/ANE.0000000000006634
2. Unilateral pulmonary edema associated factors after minimally invasive mitral valve surgery. **López-Baamonde M**, Eulufi S, Ascaso M, Arguis MJ, **Navarro-Ripoll R**, Rovira I. Rev Esp Anestesiol Reanim (Engl Ed). 2022 Mar;69(3):134-142. doi: 10.1016/j.redare.2021.03.012. Epub 2022 Mar 16. PMID: 35305949
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