

ATRIAL FIBRILLATION AFTER OFF-PUMP CORONARY ARTERY BYPASS GRAFTING SURGERY

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Introduction. One of the most frequent complications arising after standard coronary artery bypass grafting surgery is the occurrence of atrial fibrillation. This complication, occurring at different times in the postoperative period, leads to varying degrees of severity of hemodynamic disturbances, lengthening the hospital period and the increasing of overall cost of the treatment for the patient in particular and for the health care system as a whole.

Material and methods. In the Department of Cardiac Surgery of the Republican Specialized Scientific and Practical Medical Center for Cardiology for the period 2015–2017 420 operations of off-pump were performed. Out of this number of patients, 26 patients (6,2% of the total) who were operated on at different periods of the postoperative period had an episode of atrial fibrillation (AF). In order to identify preoperative and / or intraoperative risk factors for AF, all patients were divided into 2 groups: Group I – 26

(6,2%) patients with AF episode in the postoperative period and Group II – 394 (93,8%) patients without rhythm disturbances in the postoperative period.

Results. It was revealed that patients of I group were on the average 7 years older than patients of II group, with large sizes of LA (44,8 against 37,7 mm), with a higher functional class of angina (53,9% against 39,1%), with higher share of persons with ACS (19,2% versus 8,9%) and a higher risk of operational intervention, calculated by the risk-stratification EuroSCORE (4,63% versus 3,83%). Additional risk factors were the longer operation time (288 versus 228 minutes), larger blood loss and a larger volume of plasmato- and hemotransfusions. Also, longer respiratory support (7,8 hours versus 5,6 hours) was a risk factor for AF in the post-op period.

Conclusion. Further accumulation of clinical material is needed to clarify and specify pre-operative risk factors.

GENDER DIFFERENCIES IN RESULTS OF OFF-PUMP MYOCARDIAL REVASCULARIZATION SURGERY

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On-pump myocardial revascularization operations in female sex patients are considered more risky in connection with anatomico-physiological peculiarities of the latter. Very little is known about the results of off-pump myocardial revascularization operations in this group of patients.

Aims of the study. The purpose of the work is to study the results of off-pump myocardial revascularization in female patients.

Material and methods. A comparative analysis of the results of surgical treatment of 450 patients with ischemic heart disease, to whom were performed off-pump myocardial revascularization operations, was done. All patients, depending on their gender, were divided into two groups: group I – 72 (16,0%) female patients, and group II – 378 (84,0%) male patients. The average age of patients in the first group was 61,9±8,0 years, and in group II – 60,1±6,9 years. Patients of both groups were comparable in the presence of concomitant pathology.

The study of Morphometric indices revealed a significant difference in average growth (157 cm versus 171 cm), weight (73,3 against 83,5 kg) and body surface area (1,78 m² versus 1,98 m²). It was also revealed that patients of the group II had larger LV size and volume on Echo. The risk of surgery by

EuroScore calculator amounted to 5,1±2,5 points (or 5,4±4,7%) in group I and 3,9±2,4 points in group II (or 3,9±3,7%), the difference was statistically significant ($p=0,002$).

Results and discussion. The duration of the operation in both groups amounted to 218,5±52,0 and 231,9±55,5 min respectively. The average blood loss amounted to 501 ml and 502 ml respectively. In the first group, the average number of grafts amounted to 2,92±0,7 per patient (1–4 grafts), while in the second group – 3,2±0,7 grafts ($p=0,006$). Inotropic support intraoperatively and in the immediate postoperative period was necessary in the first group in 36% of patients, and in II group – in 37,5%. The average time of ventilation in the ICU was in the group I – 6,5±4,3 hours, in II Group – 5,6±3,0 hours ($p=0,07$). The ICU stay averaged 46,1±19,5 hours in group I and 47,9±21,9 hours in group II. In the first group hospital mortality amounted to 1,4% (1 patient) – at expected 5,4%, and in II Group – 0,8% (3 patients) – with the expected 3,9%.

Conclusions. Off-pump myocardial revascularization operations in female patients are safe and can be performed with low levels of complications and hospital mortality.