

Re-Do Adult Cardiac Surgery Outcomes: Single Centre Experience Blackrock Clinic, Ireland

Purpose

Redo adult cardiac surgeries are associated with an increased risk of postoperative morbidity and mortality. These cohorts of patients in the current era needing redo surgery are becoming more complex due to multiple comorbidities. The aim of our study was to analyse our experience concerning the immediate post-operative outcomes in this sub-group of redo patients.

Methods

Between January 2012 and June 2016 a total of 1,980 patients underwent cardiac surgery at Blackrock Clinic, 80 (4.04%) of whom had redo surgery. Data analysed included peri-operative, intra-operative and post-operative details.

Results

The mean age was 67.88(SD9.22) years; 57 (71%) were male, 23 (29%) were female. Eighty out of 1,980 patients underwent redo surgery [1,5]

CABG n= 10/80 12.5%, CABG + Other N= 3/80 3.75%. CABG + Valve: n= 8/80 10%, CABG + Valve + Other n = 5/80 6.25%, Valve n= 26/80 32.5%, Valve + Other n = 23/80 28.75%, Other n= 5/80 6.25%). The mean logistic EuroSCORE was 15.61 (SD13.10), mean ITU length of stay 6.86 (SD12.60)

Reoperation for tamponade 10% (n=8/80)

Postoperative renal dialysis 11% (n=9/80)

Stroke 2% (n=2/80) both patients urgent.

In hospital survival at time of discharge 89% (n=71/80), Mortality: 11% (n=9/80) CABG: 11% (n=4/35), VALVE: 9.67% (n=3/31), CABG +VALVE: 28.57% n=2/7, OTHER: 0%. Out of these deaths. Urgent: 56% (n=5/9), Elective: 44% (n=4/9)

Proceeding

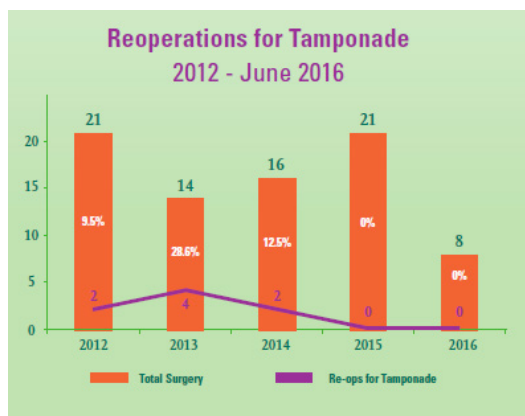
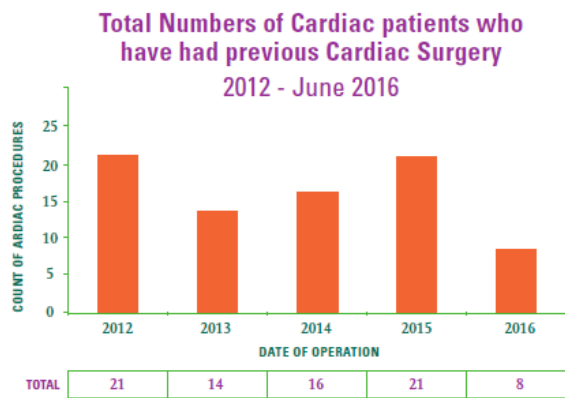
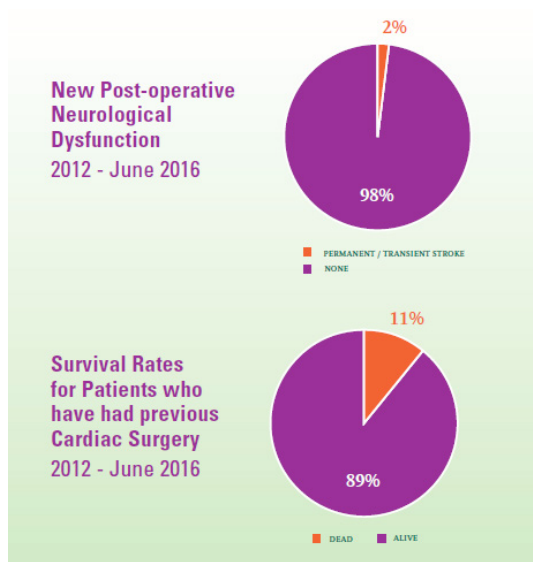
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Conclusion

Our single centre small volume analysis suggest that redo surgery do present an increased risk of morbidity and mortality than first-time surgery patients and this sub-group of patients can present new challenges especially when non-elective and multiple procedures are warranted.

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