



Palliative versus corrective surgery in new cardiac programs

K Fenton^{1*}, S Hernandez², C Duarte², N Berrios², W Novick¹

From 23rd World Congress of the World Society of Cardio-Thoracic Surgeons Split, Croatia. 12-15 September 2013

Background

In developing countries where pediatric cardiac surgery is in its infancy, palliative operations that can be done without cardiopulmonary bypass are often perceived to be a better surgical option than open heart surgery, which is thought to be complicated and high risk. We sought to evaluate outcomes from the first five years of a congenital heart surgery project in Nicaragua.

Methods

Retrospective review was conducted of all children undergoing palliative and reparative (open or closed) cardiac surgery between January 2007 and December 2012.

Results

A total of 301 primary cardiac operations were performed. Overall early mortality rate was 6.0% (18 deaths). There were 12 deaths in 31 palliated children (39%), and 6 deaths in 270 repaired patients (2.2%, p < 0.001). Mortality was highest (8/20, 40%) in patients undergoing "Stage 1" type palliation (systemic to pulmonary artery shunt or pulmonary artery band).

Conclusions

Although the surgery itself is apparently logistically and technically easier, mortality rates are high in palliative operations; in fact, the difference in results between palliative and reparative surgery is higher than that commonly reported for established programs in classification systems such as RACHS. Even early on in program development, the lowest risk option for any given patient may often be complete repair.

* Correspondence: kathleen.fenton@bebyheard.org

¹International Children's Heart Foundation, Memphis, TN, USA Full list of author information is available at the end of the article



Authors' details

¹International Children's Heart Foundation, Memphis, TN, USA. ²Asociacion Programa Corazon Abierto, Managua, Nicaragua.

Published: 11 September 2013

doi:10.1186/1749-8090-8-S1-O308

Cite this article as: Fenton *et al.*: Palliative versus corrective surgery in new cardiac programs. *Journal of Cardiothoracic Surgery* 2013 8(Suppl 1): O308.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

) BioMed Central

Submit your manuscript at www.biomedcentral.com/submit

© 2013 Fenton et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.