Conclusions: The study demonstrated inadequate knowledge of the practitioners on the methodology of total CVD risk assessment, an important instrument of primary prevention. The doctors attending medical educational programs showed better levels of knowledge.

Tracks: Adult cardiology.


SHA 025. Evaluation of the results of surgical intervention in patients with artificial heart valve dysfunction
I.M. Khadragui, A.M. Ramadan, A. Eshmawy, M. Hassanain
Faculty of Medicine, Alexandria University, Alexandria, Egypt
E-mail address: ikhadragi@gmail.com (I.M. Khadragui)

Artificial heart valves are associated with a number of problems. This study included 20 patients who presented to the Cardiothoracic Surgery Department, Faculty of Medicine, University of Alexandria, with symptoms of artificial heart valve dysfunction. The aim of this study was to evaluate the results of surgical intervention in those patients. The overall mortality was 25%. Advanced NYHA classification and renal impairment were found to be risk factors for hospital mortality, as well as low ejection fraction, severe pulmonary hypertension, tricuspid disease, long cross clamp time, emergency operations and double valve replacement procedures.

doi:10.1016/j.jsha.2011.02.026

SHA 026. Acute haemodynamic effect of atrio-biventricular pacing for patient undergoing coronary artery bypass graft surgery
Dr. Jaser Alshawawreh, Dr. Bo Xang, Dr. Adrian Pick, Dr. Gilbert Shardy, Dr. Julian Smith, Dr. Jacob Goldstein, Dr. Aubery Almeida
Cardiothoracic Surgery Unit, Monash Medical Centre, 246 Clayton Rd., Clayton, 3168, Melbourne, Victoria, Australia
Department of Surgery, Cardiac Surgery Consultant, Taif, Saudi Arabia
E-mail address: jasersam@hotmail.com (J. Alshawawreh)

Introduction: Study hypothesis compared with atrial, atrial-right ventricular and atrio-left ventricular pacing, biventricular pacing can improve immediate post-operative cardiac performance in patients undergoing coronary artery bypass surgery.

Objective: This study aims to explore the therapeutic implications of atrio-biventricular pacing for the patients undergoing coronary artery bypass graft in the immediate post-operative period.

Study design and study population: inclusion criteria:

1. age 20 to 80 years undergoing coronary bypass surgery;
2. left ventricular ejection fraction > 20% (result of echocardiography or angiography or gated blood pool scan) due to ischemia.

Exclusion criteria:

1. the presence of atrial fibrillation or sinus tachycardia (> 100/min);
2. the need for emergency operation or intraaortic balloon pump;
3. the need to change dose of inotropes during study pacing period.

Results: Haemodynamic studies were performed in 38 patients (10 females) after they had undergone elective coronary revascularization. The mean age was 62 (range 39–80 years), preoperative left ventricular function was greater than 20% in all patients as assessed by left ventriculography.

The mean cardiac index increased during atrio-biventricular pacing compared with index obtained during AAI pacing and during atrio-right ventricular and atrio-left ventricular pacing, increased by 9.35% (P < 0.05), mean index was 3.145 vs. 2.826 AI pacing. The magnitude of the increase for atrio-biventricular pacing was variable but an increased cardiac index was observed for most patients.

doi:10.1016/j.jsha.2011.02.027

SHA 027. Outcome reporting and quality measurement in coronary artery bypass surgery at King Abdulaziz Cardiac Center
Munir Ahmad, MD, FRCS, Ahmed A-Arif, MD, FRCS, Kashif Mahmood, MBBS, MRCS, Rawdene Van Onselen, RN, Hani K. Najm, MD, FRCS
King Abdulaziz Cardiac Centre, Cardiac Surgery, Riyadh, Saudi Arabia
E-mail address: munirmunir@gmail.com (M. Ahmad)

Objective: To assess the quality of care provided to our patients undergoing coronary artery bypass grafting (CABG) with the application of standard of proven care and quality measurement tools.

Material and methods: We analyzed prospectively collected data of 480 patients undergoing isolated CABG at our institution between 1st January 2007 and 31st December 2008 and compared them with 133,149 isolated CABG patients from STS database. Comparison was based on 11 performance measures recently approved by Society of Thoracic Surgeons (STS).

Results: Comparison of our data with STS database median figures showed 30-day operative mortality 2.29% vs. 2.3%; use of at least one internal thoracic artery 96.9% vs. 93.6%; re-expansion for bleeding or tamponade 2.9% vs. 5.2%; incidence of new-onset renal failure 3.3% vs. 3.3%; cerebral-vascular accidents 1.67% vs. 1.2%; prolonged ventilation 6.05% vs. 8.6%; deep sternal wound infection 1.87% vs. 0.5%; pre-operative use of beta-blockers 89.8% vs. 72.8%; discharge beta-blockers 92.5% vs. 85%; discharge anti-platelets 100% vs. 94.7%; discharge statins 98.75% vs. 79.6%. Compared to median values for top tier group of US centers, our mortality was 2.29% vs. 1.7%; any or none morbidity rate 10.9% vs. 9.8%; IMAC usage rate 96.9% vs. 95.7% and all or none medication rate 82.3% vs. 66.4%.

Conclusion: Performance scoring is a useful tool to assess the quality of care being delivered to cardiac surgical patients. With the limitation of smaller sample, our outcome data for coronary artery surgery are encouraging when compared to top tier STS performers which represent 10% of the US cardiac centers.


SHA 028. Harmonic scalpel harvesting of conduits in coronary artery bypass surgery (CABGS)
Jaser Alshawawreh, N. Houli, J. Smith, G. Shardy, J. Goldstein, A. Almeida
Monash Medical Centre, 246 Clayton Rd., Clayton, 3168, Melbourne, Victoria, Australia
E-mail address: jasersam@hotmail.com (J. Alshawawreh)

Purpose: To compare the efficacy and safety of harmonic scalpel techniques with conventional techniques of harvesting the radial artery (RA) for myocardial revascularisation.