Abstract for SHA22

SHA 021. Adult congenital heart diseases, nursing care: Present and future challenges
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Congenital abnormalities of the heart and cardiovascular system are reported in almost 1% of live births and the death rate has decreased significantly over the past few decades because of a revolution in treating congenital heart defects. Advances in diagnosis and surgery have made it possible to fix or repair most defects, even those once thought to be hopeless. Many people with these defects are now reaching adulthood and living full, active lives. In 2008, more than 1 million people with congenital heart disease have survived to adulthood and many changes in their life style (independency from parents, studying, exercising, traveling, marriage, pregnancy, employment,…) should be addressed and attended.

The main challenges for facilitating the required care for those patient populations are:

- Lack of specialist facilities.
- Large variety of conditions.
- Lack of the health care professionals who specialized in adult congenital heart diseases.

As services expand to meet the needs of a growing adult population, this is a call for the demand for training and development of nurses specialized in adult congenital heart diseases.

At the end of the presentation the a will be able to identify:

1. The definition of adult congenital heart diseases.
2. Classification of ACHD.
3. Diagnostic procedures for patient with congenital heart diseases.

SHA 023. Right internal jugular venous aneurysmorraphy
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Internal jugular venous aneurysm usually congenital, present particular problems in management. The surgical therapy is controversial, cosmetic appearance and prevention of possible complications (thrombosis, pulmonary embolism) are the reasons to operate on those patients. The lesion in this case involved the right side, the swelling appeared mainly during straining especially in valsalva maneuver. Various operative techniques were described but we choosed to use the tangential venorraphy technique without complications.

SHA 024. Total cardiovascular risk assessment: What do doctors know about?
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Objectives: To evaluate the knowledge of medical practitioners on total cardiovascular (CVD) risk assessment and use of the European Systematic COronary Risk Evaluation – SCORE charts in clinical practice.

Methods: During the Workshop organized as part of the scientific activities of the Conference on Cardiovascular Diseases Prevention held on 12–13 October 2010 at King Khaled Military City Hospital (KKMCH)-Hafr Albatin – a survey questionnaire focused on the practical use of SCORE risk assessment scale. In total, 60 medical practitioners from different nationalities participated in the anonymous survey with mean duration of working at the position of primary health care physician being 5.6 ± 6.4 years.

Results: Eighty percent of the responders do not use the SCORE scale, only 10.7% were using it. 66.6% do not know about the SCORE instrument. Among the SCORE components, 74% of the physicians who are aware of the tool correctly reported age, gender, blood pressure and cholesterol; 63% also correctly reported smoking; 50% wrongly mentioned glucose and CVD in family history, meanwhile 44% wrongly mentioned the overweight, obesity and waist circumference. Other risk factors were wrongly reported by 17% of the doctors. Patients with diabetes mellitus, with three or more risk factors were classified as having high total CVD by 80% of the practitioners. Symptom-free patients with a very high level of single risk factor were classified as having high CVD risk by 20% of the participants only. Up to 54% of the responders had risk factors themselves. The interest in educational programs for doctors, focusing on SCORE use in clinical practice, was very high (90%).

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Conclusion: The study demonstrated inadequate knowledge of the practitioners on the methodology of total CVR 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
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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.

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SHA 026. Acute haemodynamic effect of atrio-biventricular pacing for patient undergoing coronary artery bypass graft surgery
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Introduction: Study hypothesis compared with atrial, atrial-right ventricular DDD pacing and atrial-left pacing, biventricular pacing can improved 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 and atrio-left ventricular pacing, increased by 9.35% (P < 0.05), mean index was 3.145 vs. 2.826 AAI pacing. The magnitude of the increase for atrio-biventricular pacing was variable but an increased cardiac index was observed for most patients.

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SHA 027. Outcome reporting and quality measurement in coronary artery bypass surgery at King Abdulaziz Cardiac Center
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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-exploration for bleeding or tamponade 2.9% vs. 5.2%; incidence of new-onset renal failure 3.3% vs. 3.3%; cerebrovascular 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%; IMA 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 (CABG)
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Purpose: To compare the efficacy and safety of harmonic scalpel techniques with conventional techniques of harvesting the radial artery (RA) for myocardial revascularisation.