nonagenarian can safely undergo cardiac surgery. The aging of our population in Saudi Arabia will have a profound impact on the cost and delivery of health care resources in the future. This issue must be addressed in the current debate on the provision of expensive cardiac procedures.

Tracks: Cardiovascular Surgery.

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SHA 58. The impact of basic medication safety course in NGHA
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Objectives: The Medication Safety Program at KAMC-NGHA is an innovative program that was launched in January 2007 by Dr. H.E. Bandar Al Knawy, CEO of NGHA. It was collaboratively developed and implemented by the Medical, Pharmacy and Nursing disciplines with an undeniable commitment and vision from organizational leadership. KAMC-NGHA-CR is continuously focusing on improvement of systems in order to promote a culture of medication safety that emphasizes on a Just Culture reporting of medication errors among multidisciplinary teams. The purpose of this presentation is to reflect on and share our experience. The Medication Safety Program is a “tool” to monitor actual and potential medication errors that occur within our organization, investigate the root cause of errors, with the goal of identifying ways to improve the medication use system to prevent future errors and potential patient harm.

Methods: NGHA made its global presence known at the meeting of the International Network of Safe Medication Practice Centers in Dublin, Ireland on November 2007, and in Copenhagen, Denmark on October 2009 where NGHA represent the Kingdom of Saudi Arabia as Saudi Medication Safety Center.

Results: At the First Saudi International Medication Safety Conference on June 2008, NGHA signed a partnership agreement with ISMP – US and Canada for Saudi Medication Safety Center. The Basic Medication Safety (BMS) course is mandatory certification course at NGHA for all healthcare providers. On May 2009, BMS course was endorsed by ISMP-USA, and it will be presented to IMSN for international adoption.

Conclusion: The MSP at NGHA has rapidly progressed into the Saudi Medication Safety Center to be a pioneer organization in the region for medication safety.

Tracks: Pediatric Cardiology.

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SHA 59. Fate of aortic protrusion of the Amplatzer Duct Occluder after transcatheter closure of patent ductus arteriosus
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Objectives: To investigate and follow up outcome of aortic protrusion of Amplatzer Duct Occluder after percutaneous occlusion of the PDA.

Methods: In this retrospective study all patients below 16 years of age who underwent transcatheter occlusion of PDA using Amplatzer Duct Occluder (ADO) at KACC from August 2002 to August 2008 are studied. Patients above 16 years, those who had ADO removed due to embolization or who had incomplete records were excluded from the study. Post ADO deployment aortogram were evaluated and 18 patients were found to have protrusion of aortic disc into the DAO. Serial echocardiograms using cross sectional suprasternal views done after 24 h of the procedure, 3 months, 6 months and then on yearly basis were examined for color flow turbulence and CW Doppler peak gradient in the DAO. Peak gradient more than 10 mmHg was taken as significant.

Results: Total of 86 patients underwent trans catheter occlusion of PDA during the study period, using coils in 42 patients and ADO in 44 patients. Four patients were excluded as per exclusion criteria. Eighteen patients were found to have aortic disc protrusion comprising 4 male and 14 females. Median age of this group of patients was 13.5 months ranging from 5 months to 84 months. Median weight of patients at the time of procedure was 9 kg ranging from 4 kg to 17 kg. PDA size ranged from 2 mm to 4 mm with median of 3 mm. Single device was used for each patient either 4 x 6, 6 x 8 or 8 x 10. Follow up period ranged from 6 months to 48 months with median of 15 months. Eight patients showed flow turbulence across DAO with PG ranging from 12 mmHg to 20 mmHg. Ten patients did not show any flow turbulence. There was no change in the DAO Doppler gradient through out the follow up period.

Conclusion: Mild protrusion of the aortic disc of the ADO into the DAO is well tolerated without any serious consequences.

Tracks: Pediatric Cardiology.

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SHA 60. CABG in patients post PCI: Is it higher risk?
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Objectives: To determine the impact of the previous PCI in the outcome after subsequent CARG, especially with increasing number of patients who are referred for CABG after prior PCI due to in-stent thrombosis or other coronary morbidity that happen post PCI and we will discuss the hypothesis that reported the drawbacks and the adverse effects of PCI on subsequent CABG. Also we will try to proof on the base of findings in the patients who undergone CABG post PCI that the PCI itself carries an independent risk factor in those patients.

Methods: Hundred patients, who admitted in Prince Salman Hospital between (January 2006 till October 2009) for CABG, will be divided in 2 groups; 1st group for 50 patients who underwent CABG and the 2nd group for 50 patients with CABG post PCI. We choosed the 2 groups with similar cardiac morbidity (EF 35-45%) and comorbidity and nearly similar age group with 3VD ± LM disease. Their data were collected prospectively and analyzed and compared to each other.

Results: Rates of in hospital mortality after CABG were higher in patients with prior PCI (4% vs. 2.5%, P = 0.02). When patient with prior PCI were matched to patients with no prior PCI using multivariate techniques, prior PCI appeared as an independent risk factor of post operative in hospital mortality.

Conclusion: Patients with prior PCI presented for CABG had more advanced symptoms and greater urgency. Prior PCI is an independent risk factor of in hospital mortality after CABG and