Conclusion: While it is gratifying to see that nursing practice is the driving force into this leading-edge field, it is even more rewarding to see staff nurses move beyond the concepts of simple computing into the bigger picture, understanding how clinical decisions are made and their impact on patient outcomes.

**SHA 39. Selected risk factors of cardiovascular diseases among adolescent in Ahad Rufeda southwestern region**
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**Objectives:** To study the selected cardiovascular disease risk factor among adolescent school boys in Ahad Rufeda, southwestern, Saudi Arabia.

**Methods:** A cross sectional study was conducted on a sample of students covering 1249 from six secondary schools in Ahad Rufeda Region. The sample of six school was selected using proportional allocation to the of school (governmental or private) and geographical location (urban or rural) during March 2008. Two or three classes from each educational level were randomly chosen in the selected schools. The structured questionnaire was which was used to collect the data was the Arabic version of CDC adolescent health survey, validated and adopted in a previous study in Abha, having information on socio-demographic condition, family history of cardiovascular diseases, smoking habits, behaviors related to physical activity, food choices, as well as, direct measurement of weight, height, waist circumference, systolic and diastolic blood pressure. Waist and height measurement; were taken to calculate the body mass index (BMI). BMI was classified into four categories: normal (BMI < 25) pre-obese (BMI 25 ≤ 40) obese grade III (+40). Waist circumference was measured at the point of the trunk located midway between the lower costal margin (bottom of lower rib) and iliac crest (tip of pelvic bone) while the person was standing. It was measured to the nearest of the 0.5 cm, at the end of normal expiration. Standard techniques was used to measure the blood pressure. Two or more reading separated by at least 5 min were averaged. student having SBP (systolic blood pressure) over 130 or DBP (diastolic blood pressure) over 85 were considered as having high normal blood pressure.

**Results:** Study shows that 23.4% of students has BMI above 25 and 14.1% has central obesity. About 21.5% of student had SBP over the normal while 19.7% had an increase in DBP – prevalence of smoking was eating found to 11.8%; cigarette smoking account for 70.7% were 23.1% were shisha smoker; and 18.4% had experience of smoking other materials. About 50% of the student were eating unhealthy food; while more than 40% were eating junk or fast food. The assessment of physical activity revealed that 25% of the student were not engaged in any type of exercise activity. Family history of hypertension was highest among the father with 21.9% as well as for diabetes mellitus, father were higher 25.6%. Regarding family history of hyperlipidemia it was highest among the father with 33.7%

**Conclusion:** The study has brought out clearly the prevalent risk factors of cardiovascular disease among the student. A general health awareness should be organized at the school level.

**SHA 40. Mid-term follow-up of myocardial revascularization in patients with severe ischemic left ventricular dysfunction**
Abbasali Karimi, Professor of Cardiac Surgery, Hossein Ahmadi, Professor of Cardiothoracic Surgery, Namvar Movahedi, Assistant Professor of Cardiac Surgery, Mahmood Shirzad, Assistant Professor of Cardiac Surgery, Abbas Salehiomran, Assistant Professor of Cardiac Surgery, Keyomars Abbasi, Assistant Professor of Cardiac Surgery, Mokhtar Tazik Clinical Researcher Tehran Heart Center

**Objectives:** The present study evaluates our experience with coronary artery bypass grafting (CABG) in patients with EF < 20%. However the importance role of severe ischemic left ventricular dysfunction in this context because of concerns over operative mortality and morbidity and survival benefit remains controversial.

**Methods:** We retrospectively analyzed data of 12,789 patients who underwent isolated CABG from February 2002 through June 2009 at Tehran Heart Center. Our study consisted of 119 patients with sever left ventricular dysfunction (EF <20%), and the rest 12,670 with EF > 20%. Patients were followed-up for a mean 43 ± 21 months. To minimize selection bias before comparing the two groups, we used propensity score matching to construct two 119 matched groups. Predictors of mid-term mortality in 119 patients with EF < 20% were also determined.

**Results:** EF < 20% was predictor for mid-term mortality (p = 0.043). The independent predictors of mid-term mortality in patients with EF < 20% were positive history of congestive heart failure (CHF) (p = 0.0334), and peripheral vascular disease (PVD) (p = 0.0429). The 1-year, 5-year, and 7-year survival rates were 92.1%, 82.1% and 78.4%, respectively, in EF < 20% patients.

**Conclusion:** In patients with severe left ventricular dysfunction, myocardial revascularization can be performed relatively safely with good mid-term survival. EF < 20% is an independent predictor for mid-term mortality. CHF and PVD should be considered cautiously as predictors for long-term mortality in patients with EF < 20%.

**Tracks:** Cardiovascular Surgery.

**SHA 41. A comparison of outcomes of minitransseptal versus left a trial approach to the mitral valve**
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**a Cardiotoracic Surgery, Tehran Heart Center**
**b Cardiac Surgery, Tehran Heart Center**
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**Objectives:** Two basic approaches to the mitral valve have been used since the early years of modern cardiac surgery included left atriotomy (LA) through the interatrial groove and transeptal approach (TS) through the right atrium. While, LA is more custom-