Objectives: One of the most important Icon is the deeper appreciation for multidisciplinary involvement like cardiac surgery, cardiology, cardiac anesthesia, intensive care, cardiac nursing, respiratory therapy but can also incorporate neonatology, pediatric pulmonologists, cardiac pharmacology, and physical therapy.

Methods: Assessment of preoperative patients include issues such as evaluation of myocardial function and consideration for preoperative inotropic support, presence of any respiratory illnesses and potential sequelae after cardiopulmonary bypass, and presence of any associated genetic aberrations. All above are the shortcut of big Icons.

Results: Multidisciplinary involvement has lot of role in care of PCICU patients.

Conclusion: Recent occurrences have laid the groundwork for immense research opportunities in pediatric critical care medicine. Just after the start of the new millennium and much more data is available to improve the post of management in PCICU.

Tracks: Cardiovascular Surgery.

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SHA 49. Does tighter glycemic control in diabetics impact the outcome of coronary surgery? A single centre experience
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Objectives: Since January 2006 our institution implemented more rigorous “Insulin Infusion Protocol” algorithm for all diabetic patients undergoing coronary surgery (CABG). In order to evaluate its impact on the outcome of CABG, we retrospectively, reviewed patients operated three years before and three years after the implementation of this protocol.

Methods: Our cohort included 1372 patients operated for CABG between 2003–2005 (group A) and 2006–2008 (group B). Both groups were compared using demographic, preoperative and post-operative criteria, with emphasis on mortality, major cardiovascular complications, duration of ICU and hospital stay, and wound complications.

Results: Group A constituted of 651 patients (47.4%). While group B included 721 (52.7%) patients. Diabetic patients were 450 (62.2%) in group A and 470 (65.2%) in group B. The in-hospital mortality was 2% in diabetics and 1.2% in non-diabetics in group A, compared to 0.8% and 2.4% in diabetics and non-diabetics, respectively, in group B. Furthermore, diabetics in group A showed a higher incidence of postoperative cardiac arrest (6%) compared to non-diabetics (2%). By contrast, in group B diabetic patients showed less cardiac arrest complications (3%) compared to non-diabetics (4%). There was no difference concerning sternal wound infections in both groups. However the incidence of leg wound infection among group A was 8% and 2% in diabetics and non-diabetics, respectively. While in group B it was 6% and 8% in diabetics and non-diabetics, respectively.

Conclusion: The tight glycemic control in diabetics has significant impact on in-hospital mortality but made no difference on the wound complications.

SHA 50. Health behaviors and prevalence of heart disease risk factors among girls and women in Middle Eastern countries
Dr. Hanem F. Mohamed, Assistant Professor
CON-R

Objectives: The objectives of this study were to determine the prevalence of coronary heart disease risk factors, health knowledge, perception of personal risk of heart disease and barriers to behavioral change among adult girls and women in Middle Eastern countries. The study will also provide demographic information, lifestyle factors and health behaviors in relation to coronary heart disease risk factors.

Methods: A cross-sectional design using structured interview will be used to collect the data. A convenience sample of all nursing students (girls only) aged 17 years and older and women who are employed at two metropolitan hospitals in Egypt and Saudi Arabia will be included. The survey will include demographic information, medical history and risk factors such as positive family history, hypertension, smoking, dyslipidemia, obesity, physical activity and diabetes. Height, weight, body mass index, blood pressure and glucose level will be measured for each participant during the interview.

Results: Results from this study will help health care providers to provide age-related and culturally sensitive interventions to improve the health of girls and women in these countries.

Conclusion: Appropriate recommendations regarding health promotion and education programs that may contribute to reducing the risks of coronary heart disease among girls and women in Middle Eastern countries will be articulated.

Tracks: Cardiac Nursing.

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SHA 51. Anticoagulation safety window among elderly chinese patients with atrial fibrillation catheter ablation
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Objectives: Treatment of atrial fibrillation with catheter ablation is a hot favorite technique among electrocardiophysicists, but the role of perioperative anticoagulation is vital in the whole management plan. The study aim was to evaluate and review the safety and effectiveness of anticoagulation program in perioperative period (1–3 months before and 3–6 months after catheter ablation) of elderly patients with atrial fibrillation undergoing catheter ablation treatment.

Methods: The study was conducted at the Department of Cardiology, Tongji Medical College Teaching Hospital from January 2009 to August 2009. Thirty-one cases were recruited in the study aged between 65 and 75 years who accepted catheter ablation. They were randomized to low dose Warfarin group (16 cases) and normal dose Warfarin group (15 cases). The international normalized ratio (INR) of the low dose War-
farin group and normal dose Warfarin group was kept between 1.5–2.0 and 2.1–2.5, respectively, in the perioperative period. Events regarding bleeding and thromboembolism were observed in both groups.

**Results:** Out of 31, none of the patient underwent any thromboembolic phenomenon. Among low dose Warfarin group, one patient presented three times with gingival bleeding. His INR at each bleeding time was 1.9, 1.85 and 2.0, respectively. No bleeding occurred after keeping the INR between 1.5 and 1.8. Five patients presented with gingival bleeding and nasal hemorrhage in normal Warfarin group. One patient with severe nasal bleeding (INR 2.4) and bleeding suspension after specialist to deal with and stop warfarin. No bleeding events after keep INR 1.7–2.1.

**Conclusion:** Warfarin anticoagulation in perioperative of 65–75 years old patients with atrial fibrillation catheter ablation while keeping the INR 1.5–2.0 is safe and effective.

**Tracks:** Electrophysiology.

**SHA 52. Glomerular filtration and the prevalence of atrial fibrillation recurrence after pulmonary vein isolation**

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**Objectives:** Angiotensin II exerts proinflammatory effects leading to atrial fibrosis, a common finding in atrial fibrillation (AF). Rennin–Angiotensin system in kidneys and glomerular filtration are interconnected. Recently it has been proven that the prevalence of AF gradually increases with decreasing glomerular filtration rate (GFR). However, this study aim was to evaluate, whether the decreasing GFR influences the outcome of pulmonary vein isolation for AF or not.

**Methods:** The study was conducted at the Cardiology Department, Rawalpindi Medical College allied hospital from January 2009 to August 2009. One hundred and seventy-six consecutive patients with paroxysmal AF underwent pulmonary vein isolation. Clinical factors that were identified those without recurrence (71.1 ± 20.8 vs. 80.1 ± 16.1 ml/min/1.73 m²). The estimated GFR (eGFR) was lower in patients with AF or not. The relationships between GFR and ablation results were evaluated.

**Results:** The estimated GFR (eGFR) was lower in patients with recurrent AF after pulmonary vein isolation (PVI) compared to those without recurrence (71.1 ± 20.8 vs. 80.1 ± 16.1 ml/min/1.73 m²). Clinical factors that were identified as an independent predictor of recurrence after PVI in this analysis were the decreasing GFR (hazard ratio: 0.97; 95%, CI 0.95–0.99, P < 0.008).

**Conclusion:** Warfarin anticoagulation in perioperative of 65–75 years old patients with atrial fibrillation catheter ablation while keeping the INR 1.5–2.0 is safe and effective.

**Tracks:** Electrophysiology.

**SHA 54. Generator exchange of implantable cardiac device and patient restrictions over driving: A cohort study**

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**Objectives:** In many countries motor vehicle driving is restricted for patients with an implantable cardioverter defibrillator (ICD). They are advised to avoid driving for a week or months after an ICD generator exchange (GEx). However, there is no evidence which demonstrates increase in ICD discharges (ICD-d) after a GEx. Study aim was to investigate whether this restriction is appropriate or not. ICD-d was checked before and after GEx.

**Methods:** This cohort study was carried out at Cardiology Department of Rawalpindi Medical College Hospital from January 2009 to July 2009. Among cohort of 446 patients with ICD, 89 patients who underwent a GEx (aged 52.6 ± 14.7 years, male 71) were reviewed and compared with the occurrence of the ICD-d in a 6-month period before and after the GEx. The incidence of ICD-d in 6 months after GEx between patients with an ICD-d before GEx and those without was evaluated.

**Results:** There was no significant difference in the occurrence of ICD-d in the 6 month period before and after the GEx in all of the 89 patients (p = 0.12). Moreover, patients without ICD-d before the GEx had significantly fewer episodes than those with ICD-d (p = 0.01).