Topic 11 – Surgery

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Are we running out of cardiac surgeons? Demography of cardiac surgeons in France in 2012
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Objective: The aim of the study was to have an exact evaluation of the inflow and outflow of cardiac surgeons in France.

Methods: The French Society of Thoracic and Cardiovascular Surgery (SFCTCV) has built a database of the surgeons involved in thoracic and/or cardiac surgery in France. It includes all the surgeons who do performe cardiac or thoracic surgery whatever the number of operations performed per year, being or not member of the SFCTCV, and all the trainees as soon as they have expressed the will of becoming involved in thoracic and/or cardiac surgery.

Results: The database includes 552 senior surgeons (Professors, staff physicians, private practitioners) practising cardiac and/or thoracic surgery. 208 practice cardiac, 273 thoracic and 71 both. The “inflow” includes 129 residents and 75 senior residents.

Global analysis of age distribution shows a mean predictable outflow of 17.3 senior surgeons a year between 2012 and 2021. The “inflow” of senior residents for the next 5 years is 18 a year. The number of residents is 30 per year of residency.

Cardiac surgeons “outflow” will be 7.7 a year and the inflow of finishing senior residents 10 a year. Sex distribution gives evidence of an increasing feminization. Women’s ratio is 5%, 23% and 31% among senior surgeons, senior residents, and residents respectively.

Conclusion: France will not run out of cardiothoracic surgeons. The inflow compensates for the outflow of surgeons liable to stop their activity in the next ten years.

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Early results from an emergency center dedicated for acute aortic syndromes with round-the-clock access
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Background: Acute aortic syndrome (AAS) represent a wide range of life-threatening pathologies. We assessed the feasibility and early results of an immediate, round-the-clock, protocolized management of patients with AAS.

Method: In January 2009, we set up the SOS-Aorta program regrouping intensivists, cardio-vascular and endovascular surgeons available around the clock. All patients admitted via SOS-aorta were included in a prospective registry. We compared the early results of this registry to the one of a retrospective cohort of patients admitted for AAS before the creation of this program.

Result: From January 2006 to December 2011, a total of 451 patients were admitted for AAS (174 before and 287 after SOS-Aorta). The average number of patients treated annually was 58±6.6 in the 3-years before SOS-Aorta. It increased significantly to 96±17 (p<0.05) after SOS-Aorta. The overall in-hospita

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Pregnancy Following Aortic Valve Replacement – Cardiac, Maternal and Fetal Outcomes
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Introduction: The choice of aortic valve substitute in young women should take the desire for pregnancy into account. Currently however, little is known about pregnancy-related outcomes following aortic valve replacement (AVR). The aim of this study was to assess cardiac, maternal and fetal-related outcomes in female patients with AVR during and after pregnancy.

Method: A retrospective study of all AVRs performed in women under the age of 40 years at our institution was undertaken. These patients were prospectively followed at our dedicated valve clinic. Patients with Turner syndrome or having undergone a hysterectomy and/or tubal ligation were excluded. Cardiovascular, maternal and fetal outcomes were gathered from medical records and telephone interviews.

Results: From 1976 to 2011, 77 women underwent 86 isolated AVRs: 65 mechanical prostheses (MPs) and 21 bioprostheses (BPs). The follow-up was 81% complete. Ten patients (13%) had 19 pregnancies at a mean age of 28±6 years. Of those, 5 ended in miscarriages (26%); n=4 BPs and n=1 MPs.

Twelve (63%) pregnancies occurred in patients with BPs. The following adverse events were reported: two hospitalizations for syncope (25%), functional prosthetic valve deterioration during pregnancy necessitating reintervention 6 months post-partum (12%) and 4 miscarriages (33%).

None of the 65 women (14%) with MPs had a hysterectomy or endometrial ablation for excessive uterine bleeding, precluding childbearing potential. In total, 7 pregnancies were reported in women with MPs. Two of them were terminated (n=1, medical advice and n=1 embolic myocardial infarction). The following peri-partum complications occurred: two embolic myocardial infarctions (33%), a postpartum bleeding (16%) and an urgent caesarean for placental abruptio (16%).

No fetal adverse events were observed.

Conclusion: Findings from this study suggest that pregnancy in women with prosthetic AVR is associated with an increased risk of cardiac adverse outcomes.

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Bilateral internal mammary artery bypass grafting: long-term clinical benefits of a consecutive series of 1000 patients
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