OUTCOME OF INCREASINGLY MORBID CARDIAC PATIENTS

Dr. Abdulhamid Samarkandi

In My presentation I will try to answer and comment on the following points:

1- Starting the talk by what kind of patient population we are dealing with lately
Regarding type of patients and the current attitude of cardiologists against surgical interventions

2- What are the standard Aspects to measure the outcome

3- To demonstrate the ELDERLY PATIENT risks and its effect on outcome

4,5,6 – As a physiological derangement in the elderly, they have a depressed immunological system so that if additionally subjected to CPB with its documented systemic inflammatory response a further depression will result, with increasing incidence of postoperative Nosocomial infections
Then demonstrate the types of infections
Followed by the additional risks that should be avoided or reduced
And here to talk about the point of Antibiotic management and the debate between to give prophylactic antibiotics or not, and when to give

7- Another aspect is that postoperative complications related to surgery, by which our anticipation of occurrence and applying prophylactic measures to prevent it may have a major role in improving outcome results

8,9,10 – Multiple researches ends up to some strategies that evidently improved outcome in such group of patients

Surgical Concern ..........................................
Anaesthetic Concern .................................

11- Regarding Co-Morbidities in the general population of cardiac patients, the major concern was directed to some diseases which alter the outcome affecting the most sensitive measure which is mortality …leading to increased incidence up to 18%
12 The prevalence of the disease in cardiac patients differs…as when HTN is the most prevalent in cardiac patients, yet it doesn’t affect the outcome as other less prevalent diseases.

13- Prediction tools had to be implemented properly and not only dealing with
14- The developments made in risk assessment tools over years and based on studying thousands of patients, yet till now could not all could be implemented properly on our patient group in the middle-east

15, 16- explain why Euro-SCORE is deficient in application,

then to demonstrate the Parsonnet as an example which have all the variables to be measured as illustrated in the table

17- Just a question to provoke whom in cardiac practice to start creating an assessment tool refers to risk and disease prevalence in the Middle East

18- Demonstrating a very simple but informative model that could be easily applied and calculated (CABDEAL Model)

19- So that in conclusion my view which aims at improving the way of our daily professional clinical practice, and thus improving the outcome is to……………. 