

9th International Congress on

SURGERY

August 27-28, 2018 Tokyo, Japan

An Australian multi-center experience of pediatric vascular surgery**Kylie Yen-Yi Lim**

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Introduction & Aim: Pediatric vascular surgery represents multiple challenges to a vascular service in terms of vessel size, conduit selection and durability as well as future growth. Pediatric presentations are rare and technically difficult with long-standing consequences. Despite this, there is a paucity of data on pediatric presentations in vascular surgery. Currently, these patients are often managed by adult vascular surgical services that have no formal specialization in providing care to this important subgroup. This paper explores our experience over 8 years across 3 Australian tertiary centers.

Method: A cross-sectional retrospective analysis of medical records of 60 pediatric vascular surgical patients was completed. Data were gathered from three independent tertiary health services from metropolitan and regional Australia, from 2010 to 2018. The pediatric cohort was defined as patients aged 19 years of age or less. Descriptive analyses were carried out on demographics, indications for surgery, procedural details, length of hospital stay and in-hospital complications. Cross-tabulations and frequency tables were used to describe our categorical variables.

Result: 60 patients (35 male) of mean age 15.5 ± 4.7 underwent vascular surgery from 2010 to 2018. The comorbid burden was low; with no one having ischemic heart disease, 1 patient with diabetes mellitus (1.7%), 2 patients with hypertension (3.5%) and 1 patient with greater than stage 3 chronic kidney disease (1.7%). 4 patients (6.9%) were currently smoking and 1 (1.7%) was an ex-smoker. 13 patients scored greater than 2 in the American Society of Anesthesiologists classification system (21.7%). 32 patients had arterial surgery (53.3%). The most common indication was hemorrhage control from non-iatrogenic trauma (13.3%), followed by deep venous thrombosis (11.7%) whilst acute ischemia, primary varicose veins and thoracic outlet syndromes each equally accounted for 8.3%. The most common operative site was the axillo-subclavian vein region (10%). The mean length of stay was 5.4 days. 1 complication was encountered (cardiac arrhythmia). There were 2 deaths in moribund patients.

Conclusion: Pediatric vascular intervention remains a challenge for established vascular services. Further research is required to advance our collective understanding of this important patient group. Centralization of these complex services may be a solution to improve patient care and offset the difficulties currently encountered.

Biography

Kylie Yen-Yi Lim is a Vascular Surgical Intern at the University Hospital Geelong. She is passionate about the field of pediatric surgery.

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