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Surgical risk factors associated with heart-lung transplantation: Single center experience

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Introduction: Since the 1980s heart-lung transplantation has been an effective method for the treatment of cardio-pulmonary diseases. Heart-lung transplantation is often the last choice to prolong the life or improve the quality of life of patients with complex cardiac defects with Eisenmenger-reaction and pulmonary arterial hypertension. Especially in patients with complex congenital cardiac diseases, who underwent previous operations and were in end stage cardiopulmonary failure. The question arises how the altered anatomy and postoperative adhesions influence the outcome after heart-lung transplantation as well as the 30-day mortality.

Methodology: The study examined 51 patients, who were heart-lung transplanted in our hospital. We divided the patients into two groups: Group I in children younger than 18 years and group II in adults older than 18 years. Particular postoperative parameters were collected by the inspection of files. The early mortality was defined as the mortality during the first 30-days. Using the chi-square test the significance of the results was shown. Survival is shown in Kaplan-Meier curves and checked with the Logrank test.

Results: Among the 51 patients there are 17 children and 34 adults. In the adult population the incidence of congenital heart disease is dominant. In the children sample there are also patients with pulmonary arterial hypertension. 15 of the 51 analyzed patients had a previous procedure, including 4 children and 11 adults. All of them had congenital cardiac defects. The overall survival of the patients with a previous operation was 0.16 years in the median. The survival of patients with no previous correctional operation was in the median is 8.03 years (p-value is 0,027). Six of the 15 patients with previous operation died within the first 30 years. In the group of patients with no previous operation 4 out of 36 died (p-value is 0.018).

Discussion: In the chi-square test a significantly higher than 30-day mortality rate for the patients with previous operation. On the one hand this could be caused by complicated anatomy and strong adhesions. On the other hand, there is a significantly higher rate of postoperative bleeding and early complications after heart-lung transplantation in the patients group with a previous operation, which could also be a cause for the higher 30-day mortality. In addition, the sample shows a clear advantage of the patient group with no previous operation in relation to the overall survival.

Biography

Lale Hakami, is a Medical Doctor, Senior Congenital Heart Surgeon, and a Fellow of New Westminster College. She earned a Medical Doctor (M.D.) degree in 1994 from Humboldt University in Berlin, Germany. She became certified as a Cardiac Surgeon in 2001 by the German Board of Cardiac Surgery and was certified as a Congenital Heart Surgeon in 2006

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