Emergency and Salvage Cardiac Surgery: Is It Worthwhile?


Division of Cardiothoracic Surgery, Department of Surgery, Prince of Wales Hospital

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Introduction

Emergency (cannot wait until next working day) and Salvage (transfer direct to operating theatre) cases referred for cardiac surgery represent a heterogeneous clinical group whose outcomes merit special consideration.

Objectives

To study the surgical outcomes for patients who underwent emergency and salvage cardiac surgery in our unit

Methodology

We studied patients who underwent emergency and salvage cardiac surgery in our Unit from 2006-2014. Patients’ demographics, automatically generated risk scores, intra and post-operative variables were recorded and collected prospectively.

Result

From 2840 patients on the database 297 (11%) fulfilled the criteria of emergency (92%) or salvage cases (8%). This number increased proportionately over time from 9% of the unit workload in 2006 to 14% in 2014. 70% were male with mean age of 63 years (range 20-82). Mean logistic EuroSCORE was 27.7 (compared with 7.15 for all patients). 25% were on pre-operative inotropic support, 46 patients (15%) were ventilated pre-operatively and 98 (33%) were in cardiogenic shock. Pre-operative intra-aortic balloon pump (IABP) therapy was required in 49 patients (16.5%). Isolated coronary artery bypass grafting (CABG) was performed in 63 patients (21%), 26 patients (9%) required CABG plus additional valvular procedures and 82 patients...
(28%) required a primarily valvular procedure, single or multiple. The remaining 126 patients (42%) underwent intervention for acute aortic syndromes, the commonest pathology being acute dissection. Hospital mortality was 34 patients (11.4%) (Compared with 3.4% mortality for all cardiac surgery). Re-operation for bleeding was undertaken in 35 patients (11.8%), stroke occurred in 14 patients (4.7%), intra or post-operative IABP was required in 79 patients (27%), new hemodialysis for renal failure was used in 28 patients (9.4%) and 20 patients (6.7%) required re-admission to the intensive care unit after discharge to the ward.