

Kongress: 11th Int. Congress of Cardiothoracic and Vascular Anesthesia
Name: MUEDRA VICENTE
Abstract Nr.: 27
Kategorie: Perioperative management
Vortragssprache: E
Vortragsart: P
Erstautor: PhD MUEDRA VICENTE, Ribera University Hospital, Alzira-Valencia
Coautoren: Dr. DELAS FRANCISCO, Ribera University Hospital, Alzira-Valencia
Dr SANCHEZ FERNANDO, Ribera University Hospital, Alzira-Valencia
Dr^a VILLAMAR RAQUEL, Ribera University Hospital, Alzira-Valencia
PhD LLOPIS JOSE EMILIO, Ribera University Hospital, Alzira-Valencia
Abstracttitel: CARDIAC SURGERY IN A NEW HEALTHCARE MANAGEMENT HOSPITAL IN SPAIN

1.-Background: Ribera University Hospital is the first centre of new healthcare management created out of Spain's new juridical-administrative formula for its health system (1). It attends a population of 246,135 inhabitants and has been functioning since 2001.

2.-Purpose: To describe the cardiac surgery activity of a hospital under a new system of healthcare management.

3.-Methods: A retrospective analysis of cardiac surgery between January 2001 and December 2007. Sociodemographic, clinical and procedural variables, length of stay and morbi-mortality rates were recorded. Descriptive statistical analysis was performed.

4.-Results: The study included 1427 patients - 963 men (68.4%) and 464 women (31.6%) – whose mean age was 65.3 ±10.7(SD) years. The most prevalent comorbidities were arterial hypertension (56.1%), diabetes mellitus (31.5%), dyslipemia (22.2%), and obesity (36.1%). Of the procedures performed, 76.7% were scheduled and 23.3% were urgent or emergencies. Surgical procedures are described in *figure 1*. Variable grades of myocardial dysfunction (<50% systolic ejection fraction) appeared in 24.2% of patients. The mean duration of bypass was 67.66 ±32.82 minutes, and the mean ischaemia time was 41.02 ±21.08min. Euroscore and Charlson indexes were compared to evaluate the risk of mortality.

The rate of mortality, reinterventions and readmission was 7.36%, 7.18% and 4.07%. respectively. The length of stay was 12.92 ±8.7 days. We evaluated postoperative morbidity and compared our results with those of others studies(2). No significant statistical differences were observed.

5.-Conclusion: This innovative hospital model offers favorable outcomes. Further studies are necessary to compare the efficiency of this model with respect that of others.