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Perceval S and coronary artery bypass grafting, contradiction or full harmony?

Sara Badia, Elisabet Berastegui, M^a Luisa Cámara, Luis Delgado, Claudio Fernández, Ignasi Julià, Bernat Romero, Paula Albaladejo and Xavier Ruyra
Hospital Universitari Germans Trias i Pujol, Spain

Background / Study Objective: Coronary artery disease is common in patients who undergo an aortic valve replacement. Concomitant coronary artery bypass grafting (CABG) procedure does not necessarily contradict with the use of last generation sutureless bioprosthesis, but, publications about this combined approach are very scarce. The objective of this study is to describe the results of aortic valve replacement with Perceval S bioprosthesis with concomitant CABG in our Center.

Methods: From our database we retrospectively described the outcomes of 42 patients who underwent aortic valve replacement with a last generation sutureless bioprosthesis (Perceval S) with CABG at the same procedure. It was used as graft: left internal mammary artery (LIMA), right internal mammary artery (RIMA), radial artery and safena vein.

From 1 to 3 arteries were revascularized per patient.

Mean age: 78,19±5,1. They were mostly man (women 35,7%).

Cardiovascular risk factors: Hipertension 97,6%; Diabetes 38,1%, obstructive pulmonary disease 21,4% of the patients.

Mean Logistic EuroScore II 10,73%.

Results. Table 1: Surgical Outcomes	
	n=42
Crossclamp times/bypass time (minutes)	69,26±23,2/96,60±30,1
Intensive Care Unit/Hospital stay (days)	7,14(0-56)/18,83(8-76)
Number of Bypass 1/ 2/3	59,5%(25patient) / 21,4%(9patients) / 19%(8patients)
Graft LIMA/ RIMA/ radial artery/ safena vein	71,4%(30)/ 2,4%(1)/ 4,8%(2)/ 50%(21)
Results. Table 2: Complications	
	n= 42
Neurologic complication (%)	2,4% (1 patient)
Reoperation for bleeding	4,8% (2 patients)
• Logistic Euroscore numeric	• 9,19±2,7
• EuroScore I	• 16,68%±4,1
• EuroScore II	• 10,73%±3,6
Mortality (%)	7,1% (3 patients)

Conclusions: Excellent results were achieved in patients undergoing aortic valve replacement with Perceval S sutureless bioprosthesis and concomitant coronary artery bypass grafting. Although high aortotomy is needed for Perceval S implantation, is possible to perform CABG also with safena vein if necessary in a safely way. Perceval S is a feasible alternative for patients with aortic valve stenosis and coronary heart disease, shortening the crossclamp time, extracorporeal circulation time and comorbidities derived therefrom.

Biography

Sara Badia is a Cardiac Surgeon trained in Madrid, who completed her training visiting numerous important centers in USA like the Cleveland Clinic (under the direction of Dr. Sabik) or the Children's National Medical Center in Washington D. C. (Dr. Jonas), and also in Europe like Allgemeines Krankenhaus (AKH) in Vienna (Prof Laufer, Prof Kocher), and off pump coronary artery bypass grafting (OPCABG) training in Leuven Belgium with Prof. Paul Sergeant. She is a surgeon who loves improving and be updated in the latest techniques like minimally invasive aproaches and last generation valves. Actually, she is working in Barcelona, in one of the National hospitals where Perceval S bioprosthesis is usually used. This publication try to solve some doubts about the use of this prosthesis.

sara.badia@hotmail.com

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