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## Neonates and infants with critical cardiac lesions and preoperative clinically proven/culture positive sepsis: Is waiting or refusing surgery justified?

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**Objective:** Advances in cardiac surgery has led to strong emphasis on performing corrective surgery early in life for most congenital heart defects. In developing countries it is common to see babies with critical cardiac condition presenting late with secondary complications, the most common being infection. We present our experience on the outcome of these small infants when operated with on-going sepsis.

**Method:** Hospital records of 194 consecutive neonates and small infants (age-birth to 6 months) who underwent surgical intervention between January 2012 and December 2014 were retrospectively reviewed. Group A includes patients presenting with sepsis in need of early surgery. Group B includes babies undergoing elective surgery. In group C we have included the patients with proven or probable sepsis needing early intervention but we waited for stabilization. Echocardiography diagnosis was comparable in all three groups. Main outcome measures were duration of ventilation, inotropic scores, oxygen dependency, total ICU stay and hospital stay, postoperative bloodstream infection and mortality.

**Conclusions:** Preoperative infection contributes significantly to operative morbidity and mortality, but delay in intervention further compromises the outcome. The overall result of this study indicates that intervening early in cases requiring early/emergency surgery; even in the presence of sepsis is associated with reasonably good outcome vis-a-vis compare with cases in which surgery was delayed due to sepsis.

### Biography

Munesh Tomar is a well-known pediatrician in the country with about 10 to 15 years of work experience in the field of pediatric cardiology. Presently she is working as a Senior Consultant in the Department of Pediatric Cardiology and Congenital Heart Disease in Medanta, Gurgaon since March 2011. The major areas in which she is an expert includes- Echocardiography, transthoracic including 3D, trans esophageal Ech. fetal echocardiography, evaluation and management of arrhythmias, diagnostic cardiac catheterization etc.

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