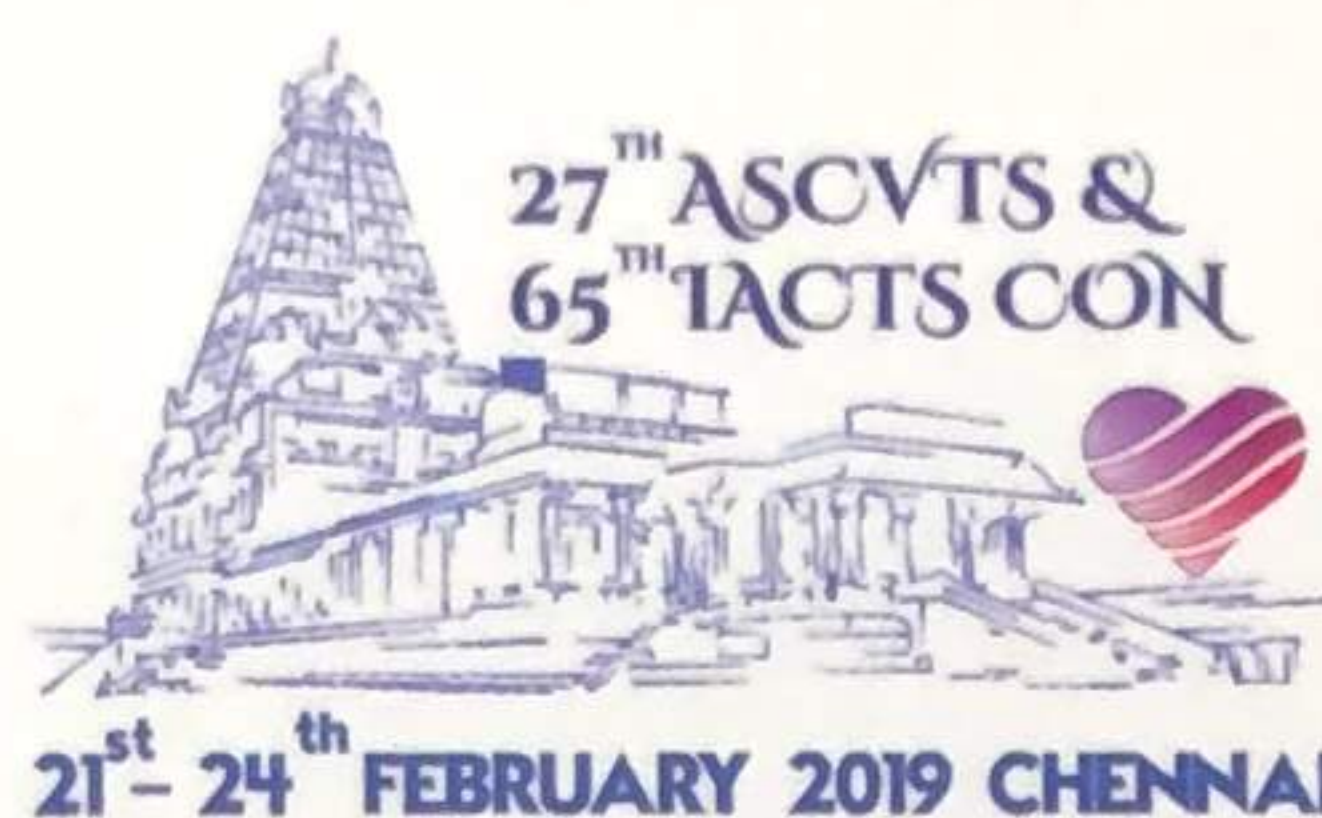




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# 27<sup>th</sup> ASCVTs & 65<sup>th</sup> IACTSCON

## 27<sup>th</sup>

Annual Conference of  
the Asian Society for  
Cardiovascular and  
Thoracic Surgery

## 65<sup>th</sup>

Annual Conference of the  
Indian Association  
of the Cardiovascular  
and Thoracic Surgeons

**21<sup>st</sup> TO 24<sup>th</sup> FEBRUARY, 2019**

**Venue :**  
**Hotel ITC, Grand Chola,  
Chennai.**

# SOUVENIR



## The factors influencing the satisfaction with the treatment of cardiosurgical patients

Dr.Vladimir Shvartz | Olga Bockeria, Dr.Maria Sokolskaya

### Abstract:

To assess the quality of work of middle and junior medical staff to identify the key factors in their job that affect the level of patients' satisfaction inside the clinic.

**Methods:** All patients right before their discharge had been asked to complete a specially designed questionnaire, which was voluntary and anonymous. The questionnaire included the information relating to the quality of work of middle and junior medical staff. It also contained the general information about the patient such as sex, age, education, etc.

**Results:** There had been analyzed 1105 questionnaires. The frequency of refusal to complete the questionnaire was 4%. The average age of the patients was 56 (44; 64) years.

According to patients' opinion, the nursing staff treated them politely and respectfully in 59% - "always", 28% - "usually", 13% - "sometimes". Patients had worse evaluated the work of the junior medical staff. Only 76% of the patients gave a positive feedback about their work, such as "excellent" estimated 50% of patients and "good" only 26% of patients. A detailed analysis of the issues concerning the junior medical staff showed that the questions about the accompanying the patient to the toilet and using bedpans, had a direct correlation with the assessment of the work of junior medical staff ( $r = 0,77$ ), nurses ( $r = 0,73$ ). This issue also correlated with an evaluation of the work of the Department generally ( $r = 0.68$ ), as well as with the question "Would you recommend this department to your friends?" ( $r = 0.6$ ).

**Conclusion:** The most important issue in the quality of the care appeared to be the work of nurses and junior medical staff with patients, especially in the early postoperative period, when patients are in a limited mobility and social insecurity.

## Trials, Toils and Triumphs – A Surgeon's Experience in Establishing a Cardiac Center in Semi-Rural India

Dr M Vinod Kumar MS, MCh (CTVS) , Dr M Vinod Kumar MS, MCh (CTVS)

### Abstract:

**Introduction:** The burden of cardiac disease in the India continues to rise at similar rates among urban and rural populations, but access to specialized health care remains inadequate in rural areas. Provision of comprehensive, cost-effective and sustainable specialized cardiac services at a single center within the reach of the deprived is a challenging exercise. We present our experience in setting up a cardiothoracic surgery unit at a semi-rural location.

**Aims and objectives:** To present the challenges we faced, lessons we learnt in establishing a cardiothoracic surgery unit at Sri Narayani Hospital and Research Centre, Vellore, Tamil Nadu; and to share our vision for the future.

**Materials and methods:** The basic structure, resources, processes and protocols required to set-up a state-of-the-art

cardiothoracic unit were reviewed in detail. Patient data pertaining to the pre, intra and post-operative periods were also analyzed to understand the efficiency achieved and the limitations faced in providing appropriate care.

**Results:** About 150 cardiothoracic surgeries were performed in a year by a single surgeon, the details of which are presented. The spectrum included complex congenital, beating heart total arterial revascularization, minimally invasive valve replacement and lung surgeries. The most challenging aspects were encountered in training staff, establishing protocols, team building and creating patient awareness.

**Discussion:** Cardiothoracic surgery is a labor-intensive but highly rewarding specialty. In order to gain proficiency to run an independent set-up, we must utilize our residency period to focus not only on developing surgical skills, but also on understanding the nuances of administration and equipment, strengthening interpersonal relationships and seeking the wisdom of colleagues and mentors.

**Conclusions:** Establishment of a comprehensive cardiothoracic surgery unit needs extensive planning, rigorous quality-control measures and a dedicated team, while prioritizing patient safety above all else.

## CORRELATION OF INTRAOPERATIVE RENAL NEAR INFRARED SPECTROSCOPY WITH THE DEVELOPMENT OF ACUTE KIDNEY INJURY IN ADULT PATIENTS UNDERGOING CARDIAC SURGERY WITH CARDIOPULMONARY BYPASS

Dr. SHAKUNTALA BASANTWANI, Dr.VIJAY SHEWALE

### Abstract:

**Background:** Cardiopulmonary bypass is known to cause renal damage; if total CPB time  $\geq 140$  min, and mean perfusion pressure is below 60 mmHg and both increase the risk of developing Acute Kidney Injury (AKI). During CPB, macro and micro embolic insults to the kidney, release of catecholamines and inflammatory mediators, increases in vascular resistance and decrease in glomerular filtration rates of 25-75%, all lead to risk factors. Renal NIRS which non invasively monitors site specific adequacy of perfusion of kidney directly beneath its sensors can be employed for earlier detection of reduced renal perfusion leading to AKI.

**Methods:** Aim of this study was to correlate renal oximetry values with conventional biomarkers non-invasively for early detection of AKI in adult patients undergoing cardiac surgery with cardiopulmonary bypass. In this way renal NIRS can be used as real time device to prevent AKI.

INVOS (In-Vivo Optical Spectroscopy) oximeter system adult sensor will be applied on right side of spine at the lower border of L-1 (Transpyloric plane) (crossing of hilum of the kidney) before starting the induction.

We enrolled 100 adults patients undergoing cardiac surgery with cardiopulmonary bypass from april 2018 to july 2018. Renal NIRS was continuously measured intraoperative and was correlated with renal biomarkers and urine output post operatively.

**Results:** 22 patients (22%) developed AKI during this study. Out of these 21 (95%) patients had fall in renal oximetry values compared