

Study to determine improvements in LVEF & NYHA class in patients with severe left ventricular dysfunction undergoing CABG at a tertiary care hospital

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August 5, 2020

Abstract

Background: Careful preoperative selection and operative management in coronary artery disease patients with low EF undergoing CABG improve early outcome(LVEF,NYHA class). Material and Methods:This is descriptive observational retrospective study of 113 patients of coronary artery disease with moderate to severe left ventricular dysfunction who underwent CABG during study period. Results: Male patients (76%) outnumbered female patients (24%). Male to female ratio was 3.19:1. Most common age group was 60-69 yrs (34 %), followed by 70-79 yrs (29 %) & 50-59 yrs (21 %) . Mean age was 66.28 yrs. Majority patients had LM (43 %) & TVD (Triple vessel disease)(42%) as coronary artery disease in present study.LIMA+Vein (91 %) were most commonly used grafts . 61 (54 %) patients needed 3 grafts, while 24 (21%) & 19 (17%) respectively required 4 & 2 grafts respectively. 32(29 %) patients had mitral regurgitation. In 6(5 %) patients emergency CABG was done. Total mortality rate was 7.9%. We compared LVEF values in preop, immediate postop & 3 months follow up period. Statistically significant ($p = 0.004$) difference was noted in pre-op & 3 months follow up values of LVEF. Similarly we compared NYHA class in preop & 3 months follow up period. A statistically significant ($p = 0.003$) difference was noted in pre-op & 3 months follow up values of NYHA class in our patients. Conclusion: Postoperative improvement of EF and NYHA functional class reflects the high benefit of CABG in patients with coronary artery disease with moderate to severe LV dysfunction.

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