Секция «Клиническая медицина»

The question of the effect of aortocoronary shunting on the working heart and in conditions of artificial circulation on indicators of quality of life

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Introduction. Despite the development of cardiac surgery, a topical issue is the reduction in the frequency of postoperative complications, and it is therefore of interest to optimize the choice of aortocoronary shunting in conditions of artificial circulation and the working heart [n1].

Objective. To assess the quality of life of patients in a remote postoperative in the operation of aortocoronary shunting in conditions of artificial circulation and on the working heart.

Materials and methods. The study included 40 patients (22 men and 18 women) aged 45 to 65 years who successfully underwent aortocoronary bypass surgery. Two groups of 20 people were formed: 1 group (n = 20), aortocoronary bypass surgery was performed on the working heart; 2 group (n = 20) - aortocoronary shunting in conditions of artificial circulation. To reveal the condition of the coronary arteries, a coronary angiography: stenosis of left coronary artery in 68% of cases, right coronary artery 18%, anterior interventricular artery 28%, envelope artery 26%. The level of myocardial damage (troponin I) and markers of inflammation before and after the operation was assessed. The quality of life of the selected patients was studied using the SF-36 questionnaire (The Short Form-36). The received statistical data were processed with the help of programs BioStat and Microsoft Excel.

Results of the study and their discussion. In the preoperative period in both groups, the average quality of life scores on all scales were significantly lower than in healthy individuals, without significant differences. In the postoperative period, a significant difference was found between myocardial damage (Troponin I, 9.26 and 5.6 ng / ml, $p < 0.05$), the level of inflammatory markers (MPO 209.14 and 146.58, $p < 0.05$) during the operation coronary artery bypass grafting on the working heart and in conditions of artificial blood circulation, respectively, which corresponds to the literature data [n2, n3]. The obtained laboratory results were combined with differences in the quality of life indicators. Have patients undergoing aortocoronary shunting in conditions of artificial blood circulation, the quality of life indicators for all scales of the physical component were significantly higher: the physical factor was 13.96%; the role factor - by 7.95%; pain factor - by 6.57%; overall health - by 9.01%; life activity - by 4.29% ($p < 0.05$).

Conclusions. Thus, the implementation of aortocoronary bypass surgery on the operating heart is associated with a risk of incomplete revascularization and, accordingly, a decrease in the quality of life indicators. The most preferable is the operation of aortocoronary shunting in conditions of artificial circulation.

Источники и литература

1) Бокерия, Л.А. Аортокоронарное шунтирование на работающем сердце: современный взгляд на проблему / Л.А. Бокерия, М.Л. Гордеев, В.М. Авалиани // Грудная и сердечно-сосудистая хирургия. - 2013. - № 4. - С. 4-15.

2) Выбор оптимального метода выполнения аортокоронарного шунтирования у пациентов из группы высокого риска / И.В. Жбанов [и др.] // Кардиология и сердечно-сосудистая хирургия.- 2014. - Т. 7, № 2. - С. 15-18.

3) Сравнение отдаленных результатов аортокоронарного шунтирования, выполненного с искусственным кровообращением и на работающем сердце у больных с сахарным диабетом и многососудистым поражением коронарных артерий / Р.Р. Ярбеков [и др.] // Бюл. НЦССХ им. А.Н. Бакулева РАМН «Сердечно-сосудистые заболевания». - 2015. - Т. 16, № S3. - С. 46.