Yıl: 2016Cilt: 46Sayı: 4ISSN: 1300-0144Sayfa Aralığı: 1162 - 1167

Metin Dili:İngilizce

Öz:

Başlık (İngilizce):

Öz (İngilizce):Background/aim: To investigate the effects of pulmonary hypertension on early clinical variables in patients undergoing coronary artery bypass grafting surgery. Materials and methods: The preoperative echocardiographic data of patients who underwent isolated coronary artery bypass surgery were evaluated retrospectively. A total of 1244 patients were included in the study. The patients were divided into two groups: one group consisted of patients with systolic pulmonary artery pressure (SPAP) values equal to or greater than 30 mmHg (Group 1, n = 184), while the other group consisted of patients with SPAP values below 30 mmHg (Group 2, n = 1060). Results: Early mortality was similar in both groups (0% in Group 1 and 1.2% in Group 2; P &gt; 0.05). Comparison of postoperative data indicated that Group 1 had a higher need for inotropic agent treatment, a longer average duration of ventilation, and a longer average duration of stay in the intensive care unit (P &lt; 0.05). For the other variables, no significant differences were identified between patients with and without pulmonary hypertension (P &gt; 0.05). Conclusion: Mild pulmonary hypertension (mean SPAP = 37.7 &plusmn; 8.4 mmHg) was not associated with a significant difference in the mortality of patients undergoing coronary artery bypass grafting. For patients undergoing this type of coronary bypass surgery, lower morbidity and mortality rates can be achieved through comprehensive preoperative examinations and effective perioperative medical procedures.